DEPT.- 65

JOB- 15

REEL- 25

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

EP 23007

FORM RM-1 (11-52) RETAIN—PERM.

Authorization No. 345

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. Establish retention period for records which are accumulating daily.	B. Dispose of present accumulation, no additional accumulation anticipated.	C. Microfilm and destroy originals.	D. Microfilm and retain originals for length of time indicated below.
☐	☐	☐	☒

9. Recommended Retention Period			10. Equipment and space freed	11. In your opinion does this record have any historical significance?
a. In Dept.	b. In Storage Center	c. Total		YES ☐ NO ☒
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept.	b. In Storage Center	c. Total	A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	☒	☐

REMARKS: 2 negative Rolls & 1 positive for hospital

C. P. Force Records Management Officer 3/29/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

4 APPROVED: CITY TREASURER — John E. [illegible]

1 APPROVED: CITY AUDITOR — [illegible]

5 APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS — Bernard Leuthy

2 APPROVED: CITY SOLICITOR — [illegible]

6 APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM — W. T. Hunter Jr.

3 APPROVED: CITY COMPTROLLER — [illegible]

7 APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE — Carl A. Hunter

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

117 V

CERTIFICATE OF DEATH.

Registered No. B 96800

City of Baltimore, (No. 638 Columbia Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George A. Fowler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April (Month) 6 (Day) 1845 (Year)

AGE: 61 years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Geo H. Fowler

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Courtney Kershner

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Fowler

(Address) 638 Columbia Ave

Filed 1/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 1st (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Jan 1907,

that I last saw him alive on Jan 1st 1907,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Cirrhosis of Liver

(DURATION) 18 mos. DAYS

Contributory & Causation: Dropsy and

(DURATION) 30 DAYS

(Signed) H. W. Frais M. D.

Jan 2nd 1907 (Address) 12 E. 25th St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 4th 1907

UNDERTAKER: John H. Bell — ADDRESS: 604 N. Charles St

WM. J. C. DULANY CO., BALTIMORE

Registered No. B 96801

B96801

CERTIFICATE OF DEATH.

(Place of Death.) No. 227. N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Turner

{ Residence, if in Baltimore, Give Street and Number. } 227. N. Dallas. St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

AGE 46 years, 7 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John Gould

BIRTHPLACE OF FATHER (State or country) M. d.

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Turner

(Address) 227 N Dallas St

Filed 1/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 29 1906 to Jan 1 1907 that I last saw her alive on Jan 2 1907, and that death occurred, on the date stated above, at 1.36 P. M. CAUSE OF DEATH (Secondary or Immediate)

Prob Fibroid Tumor of uterus

4 days (DURATION)

Contributory (Primary.) Obscure (DURATION) DAYS

(Signed) J. Harold M.D.

Address 1202 Argyle St

Date January 1 1907

Place of Burial Asbury

Date January 3 1906

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same shall be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96802

City of Baltimore, (No. 536 Colvin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H Malone

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: M Lute

DATE OF BIRTH: ..... (Month) ..... (Day) 1878 (Year)

AGE: 28 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Thomas Malone

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Frances Hydings

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cecelia Mc. Adams

(Address) 536 Colvin St

Filed 1/3 1907

HARRY O. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 2nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from December 17 1906 to Jan. 2, 1907

that I last saw him alive on Dec. 30, 1906,

and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis Pulmonalis

(DURATION) 6 Mos. Yrs.

Contributory Exhaustion

(DURATION) 3 DAYS

(Signed) P. E. Kelly M.D.

Jan 3, 1907 (Address) 201 E. Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Bonnie Brae

DATE OF BURIAL: Jan 5 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96803

City of Baltimore, (No. 2240 McHenry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Matilda Lulay

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ~ (Month) 1 (Day) Year)

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Lulay

(Address) 2240 McHenry St.

Filed 1/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 2. (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 6 1907 a m to same date 1907 p.m. that I last saw h.er alive on Jan 2 p m 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Apoplexy, supervinduced by Asthma and antecedal Myocardiac affection of the heart. (DURATION) 12 hours

Contributory Asthma and hypertrophic heart. (DURATION) 6 Months

(Signed) A. F. Valkmann M. D.

Jan 2 1907 (Address) 16 Frederick Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer | DATE OF BURIAL: Jan 5 1907

UNDERTAKER: Wm Cook | ADDRESS: 501 E Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... D 96804 Registered No. B 96804

CERTIFICATE OF DEATH.

(Place of Death.) No. 733 Church Dr Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel E. Maudsley

{Residence, if in Baltimore, Give Street and Number.} 733 Church Dr Calvert

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 5 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — | —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel Maudsley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliza Chris

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: — | —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Danl. Maudsley.

(Address) .....

Filed 1/3 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 1st. 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Jan 1 1907

that I last saw h[illegible] alive on Jan 1 1906

and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary) Phthisis

(DURATION) 7 DAYS

(Signed) A. F. Foster M.D.

Address 1 N Eutaw

Date Jan 2nd 1907

Place of Burial Mt. Calvary Cemetery

Date January 3 1907

Undertaker Wm. J. Johnson

Address 614 Baker St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1640 Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Thos. & Matilda Taylor

{Residence, if in Baltimore, Give Street and Number.} 1640 Vincent ave.

B96805

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Jan. 1st 1907

AGE: — years, — months, One days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Inft.

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thos. Taylor

BIRTHPLACE OF FATHER (State or country): S. C.

MAIDEN NAME OF MOTHER: Matilda Boston

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Taylor

(Address) 1640 Vincent st.

Filed 1/3 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 2nd 1907

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. (Comm.)

Date Jan. 2nd 1907

Place of Burial Mt. Zion

Date January 4 1907

Undertaker Wm. J. Johnson

Address 614 Baker St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96806

City of Baltimore, (No. 533, N. Patterson Pk Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Kincaid

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec 31 1906 (Month) (Day) (Year)
AGE	——— years, ——— months, 1 day
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Lawson
BIRTHPLACE OF FATHER (State or country)	West Virginia
MAIDEN NAME OF MOTHER	Ella Kincaid
BIRTHPLACE OF MOTHER (State or country)	West Virginia
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs B. Hessler

(Address) 533 or. Patterson Pk ave

Filed 1/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to Jan 3 1907

that I last saw him alive on Jan 2 1907,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Premature Birth

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Samuel J. King M. D.

Jan 3 1907 (Address) 718 N Patt. Pkway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto. Cem.	1/3 1907
UNDERTAKER J. Kemp & Son	ADDRESS 200 N Oreleans St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE..

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96807.

City of Baltimore, (No. 815, E Fruth St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sam Abraham Marcus

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W.

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 50 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Maried

BIRTHPLACE (State or country): Russie

FULL NAME OF FATHER: wolf Moritz

BIRTHPLACE OF FATHER (State or country): Russie

MAIDEN NAME OF MOTHER: any Sigel

BIRTHPLACE OF MOTHER (State or country): Russie

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Selikowitz

(Address) 815 E. Fruth St

Filed 1/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 3 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to date 1907

that I last saw h alive on Jan 2 1907,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

C.K. Diphtheria

C.K. Bronchitis

Cardiac Asthenia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Herman C. Bulg M. D.

Jan 3 1907 (Address) 12 W. Mul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Phi Road Rox Dale — DATE OF BURIAL: June 3 1907

UNDERTAKER: Max Levinson — ADDRESS: 1138 Low St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

B96808 (90808) 15

CERTIFICATE OF DEATH.

(Place of Death.) No. 425 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Child of Lillian Schutz by Christian Schutz

{Residence, if in Baltimore, Give Street and Number.} 425 S. Dallas

Duration of Residence in Baltimore. B 96808

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: Jan 1st 1907

AGE: ..... years, ... months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Christian Schutz

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Lilian Schreiner

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chris. Schutz

(Address) 425 S. Dallas st.

Filed 1/3 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 1 1907 that I last saw her alive on Jan 1 1907 and that death occurred, on the date stated above, at 12 Night.

11. CAUSE OF DEATH (Secondary or Immediate)

Apnoea

(DURATION) 1 DAYS

Contributory (Primary.) Premature birth.

(DURATION) DAYS

(Signed) J. C. Josephson M.D.

Address 230 S. Bond St.

Date Jan 2 1907

Place of Burial Trinity Cem.

Date Jan. 3rd 1907

Undertaker Wendell Lippelt & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ig forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

135 r

(Place of Death.) No. 2 Belair Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Sadilek

{ Residence, if in Baltimore, Give Street and Number. } 2 Belair ave

B96809

Duration of Residence in Baltimore. 34 yr

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Female / COLOR White	DATE OF DEATH Jan. 2 1907
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to Jan 2 1907
AGE 37 years, months, days	that I last saw h alive on Jan 2 1907 and that death occurred, on the date stated above, at 10.45 A.M. CAUSE OF DEATH (Secondary or Immediate
SINGLE, MARRIED, WIDOWED, OR DIVORCED Married	a Hemmorage (Pneumonia)
BIRTHPLACE (State or country) Bohemia	(DURATION) 16 Hrs
FULL NAME OF FATHER Charles Lippa	Contributory (Primary.)
BIRTHPLACE OF FATHER (State or country) Bohemia	(DURATION) DA
MAIDEN NAME OF MOTHER —	(Signed) E W Selden M.D.
BIRTHPLACE OF MOTHER (State or country) "	Address 2250 E Hoffman St
OCCUPATION OF DECEASED Housekeeper	Date Jan 2 1907 190
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Place of Burial St Vincents
(Informant) Joseph Sadilek	Date Jan 5 190
(Address) 2 Belair Ave.	Undertaker Frank Grach
Filed 1/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE

This was a Medical case I was called in the last [illegible]

B96810

CERTIFICATE OF DEATH.

(Place of Death.) No. 247 Canal Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Tull

{Residence, if in Baltimore, Give Street and Number.} 247 Canal al

Duration of Residence in Baltimore. Life

B96810

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH January 1. 1906

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) md

FULL NAME OF FATHER Geo W Tull

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Inna Mankins

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Inna Tull

(Address) 247 Canal alley

Filed 1/3 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 1 st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Jan 1 1907

that I last saw h alive on Jan 1 1907

and that death occurred, on the date stated above, at 7.30 A M.

CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

(DURATION) 5 DAYS

Contributory (Primary) Duodenitis

(DURATION) 5 DAYS

(Signed) Henry Lincoln Bayley M.D.

Address 22 Eutaw & Lafayette

Date January 2 1907

Place of Burial Canal Cemetery

Date January 4 1907

Undertaker Alex H Grundley

Address 578 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as may be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96811

City of Baltimore, (No. 242 Rock St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Kerber

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 5 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Kerber

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Margaret Foethe

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matthew Cadogan

(Address) 696 N. Mulberry St

Filed 1/3 1907 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 2 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1907 to 1907

that I last saw h[illegible] alive on Jan 2, 1907,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Malignant Disease Uterus
2 days Patient taken ill
Jan 2 1907 Mother Dy (DURATION) 3 DAYS

Contributory [illegible] (DURATION) 3 DAYS

(Signed) [illegible] M. D.

190 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Jan 4 1907
UNDERTAKER	ADDRESS
Matthew Cadogan	696 Mulberry St

9 A. M.

B96812

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 Cumberland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Lattier

{Residence, if in Baltimore, Give Street and Number.} 704 Cumberland St

B96812

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: July 9th 1853	
AGE: 53 years, 5 months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: Peter Lattier	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Farmer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Lattier

(Address) 704 Cumberland St.

Filed 1/3 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 31st 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h ..... alive on ..... 190.., and that death occurred, on the date stated above, at 4.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

about from hrs. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700, W. Lafayette av

Date Dec. 31st 1906

Place of Burial London Park Cem

Date Jan 3 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96813

City of Baltimore, (No. Germania Hotel Baltimore & Payson St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel B. Gumpf

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH May 16 1828
(Month) (Day) (Year)

AGE 78 years, 7 months, 17 days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Bennett Gumpf

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Fannie Flaumlacher

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M B Gumpf

(Address) 1902 Madison Ave

Filed 1/3 1907

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 2 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 1 1907 to January 2 1907 that I last saw h[im] alive on January 2 1907, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Weakness by old age.
Contributory ~~intestinal disorder~~ old age
cataracts.

(DURATION) 2 DAYS

Contributory Old age

(DURATION) DAYS

(Signed) L G Reinhard M.D.

Jan 3 1907 (Address) 1401 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Baltimore Hebrew

DATE OF BURIAL Jan 4 1907

UNDERTAKER J B Cook

ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

77r

(Place of Death.) No. 2301 Ashland av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harriett Young

{Residence, if in Baltimore, Give Street and Number.} 2304 Ashland av

Duration of Residence in Baltimore. 48

B96814

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	white

DATE OF BIRTH Feb 18 1859

AGE 47 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Nicholson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Harriett Tucker

BIRTHPLACE OF MOTHER (State or country) Washington D C

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Young

(Address) 2301 Ashland

Filed

190

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1st 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1906 to Jan 1 1907

that I last saw h[illegible] alive on Jan 1 1907

and that death occurred, on the date stated above, at 9.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pericarditis

(DURATION) 37 DAYS

Con'ributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) John T. Avery M.D.

Address 1823 Broadway

Date Jan 2 1907

Place of Burial Oak Lawn Cemetery

Date Jan 4th 1907

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. P.W.&B.R.R. Franklin St Bridge St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Lewis Nep. Durall

{Residence, if in Baltimore, Give Street and Number.} 2725. W. North ave

B96815

Duration of Residence in Baltimore. 1 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W.

DATE OF BIRTH Aug. 31 1872

AGE 34 years, 4 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Prince Georges Co, Md.

FULL NAME OF FATHER Geo. W. Duvall

BIRTHPLACE OF FATHER (State or country) Prince Georges Co, Md.

MAIDEN NAME OF MOTHER Mapey Rankin

BIRTHPLACE OF MOTHER (State or country) Ohio.

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lewis N. Duvall

(Address) 2725 W. North Ave

Filed 1/3 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 1st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Jan 1 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate

Struck by train P.B.&W. R.R. near Franklin St. Bridge, Fracture Skull Suicide (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) C. Irvin Jones Coroner. 2nd

Address

Date Jan 2nd 1907

Place of Burial Glenndale Station Prince Georges Co, Md.

Date Jan. 3, 1907

Undertaker H. W. Means and Son

Address 105 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1113 Columbia av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam Seifert

{Residence, if in Baltimore, Give Street and Number.} 1113 Columbia av

Duration of Residence in Baltimore. Life

B96816

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 26 1906

AGE ..... years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Adam Seifert

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Kate Ditzell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Seifert Sr.

(Address) 1113 Columbia ave

Filed 1/3 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 2 1907

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to Jan 2 1907

that I last saw him alive on Jan 2 1907

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(I was unable to determine the Cause of Convulsions)

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion

Coma (DURATION) DAYS

(Signed) Jos. E. Muse M.D.

Address 535 Columbia av

Date Jan 3 1907

Place of Burial Loudon Park

Date Jan 4 1906

Undertaker Wm. J. Pittenger

Address Camden & Paca Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1024 V

CERTIFICATE OF DEATH.

Registered No. B 96817

City of Baltimore, (No. 905 N. Fulton Ave. ; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis L Caples

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 17 (Month) (Day) 1848 (Year)

AGE: 58 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm H Caples

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Lawson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dan'l Bland

(Address) 905 N. Fulton Ave

Filed 1/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 1 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to Jan 1 1907

that I last saw him alive on Jan 1 1907,

and that death occurred, on the date stated above, at 2.10 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

Few Minutes (DURATION) ..... DAYS

Contributory Acute Indigestion

(DURATION) 6 DAYS

(Signed) Jno L Fulton M. D.

JAN 6 1907 (Address) N. E. Cor. Lafayette & Carrollton Aves

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: Jan 4 1907

UNDERTAKER: Wm J. Tickner & Son

ADDRESS: 425 N. 13 Ave

WM. J. C. DULANY CO., BALTIMORE.

L

cts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

ECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of lysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *y-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

CERTIFICATE OF DEATH. B96818

(Place of Death.) No. The Chronic Home — Hyg. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Higgins

{Residence, if in Baltimore, Give Street and Number.} 22 = Sout Arlington Ave —

Duration of Residence in Baltimore. 6o. Years —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 1838

AGE 67 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Dowlin Irland

FULL NAME OF FATHER unknow

BIRTHPLACE OF FATHER (State or country) Dowlin Irland

MAIDEN NAME OF MOTHER Mary Durney

BIRTHPLACE OF MOTHER (State or country) Balto city

OCCUPATION OF DECEASED Cigar maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooke

(Address) 1204 Ballto st

Filed 1/3 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 31 — 1906

I HEREBY CERTIFY, That I attended deceased from December 31 1906 to December 31 1906

that I last saw him alive on December 31 1906,

and that death occurred, on the date stated above, at 4 40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

(DURATION) 6 Months

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address The Chronic Home, Hyg.

Date December 31 — 1906

Place of Burial National cemetery

Date 1 — 4 — 1907

Undertaker Robt Brookes Son

Address 17 S. Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cau

City of
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DATE OF

AGE

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his re, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

B96819

(Place of Death.) No. 1716 Mulliken St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida M. Stanley

{Residence, if in Baltimore, Give Street and Number.} 1716 Mulliken St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Aug 29 1877

AGE: 29 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Isaac Stanley

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md

MAIDEN NAME OF MOTHER: Rebecca Bailey

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Rebecca Stanley

(Address) 1716 Mulliken St

Filed 1/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1906

I HEREBY CERTIFY, That I attended deceased from Dec 7 — 1906 to Dec 31 — 1906

that I last saw h[illegible] alive on Dec 31 — 1906

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro - Enteritis

(DURATION) 24 DAYS

Contributory (Primary) Chronic Nephritis (DURATION) about 3 Mo. DAYS

(Signed) W. F. Harris M.D.

Address 1344 Druid Hill Ave

Date Jan 2 — 1907

Place of Burial Laurel Cemetery

Date Jan 3rd 1907

Undertaker Chas G. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 934 Little Pine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Thomas

{Residence, if in Baltimore, Give Street and Number.} 934 Little Pine St

Duration of Residence in Baltimore. Lifetime B 96820

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Dec. 16 - 1882

AGE 24 years, — months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James Thomas

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Annie Barrington

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T Roberts

(Address) 1107 Druid Hill Ave

Filed 1/3/ 1907 HARRY M. ANDREWS CHIEF CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2 1907

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to Jan 2 1907

that I last saw him alive on Jan 2 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

following Typhoid

Uremia of Jaundice

(DURATION) DAYS

Contributory (Primary.) Bad Hygiene

surrounding (DURATION) DAYS

(Signed) L L Hawkins M.D.

Address 942 Druid Hill Ave

Date January 2 1907

Place of Burial Mt Olivet Cemetery

Date Jan 4 1907

Undertaker John A. Burch

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

8 07

(Place of Death.) No. 243 N. Poston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Heidelberger

{ Residence, if in Baltimore, Give Street and Number. } 243 N. Poston

B 96821

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Samuel Heidelberg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lena Bergman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Stein

(Address) 2250 Eutaw Place

Filed 1/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Nov 23 1905 to Jan 3 1907 that I last saw h[illegible] alive on Jan 3 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 2 DAYS

Contributory (Primary.) Atherosclerosis

(DURATION) 1 year

(Signed) Otis Friedrichs M.D.

Address 4 W Franklin St

Date Jan 3rd 1907

Place of Burial Balto Hebrew Cy

Date Jan 4 1907

Undertaker Dart & Goudelman

Address 922 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Hohmann

{ Residence, if in Baltimore, Give Street and Number. } 1837 N Caroline St ~~St Josephs Hospital~~

Duration of Residence in Baltimore. 45 yrs

B96822

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 90 years, months, days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Meyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hohmann

(Address) 1837 N Caroline St

Filed 1/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Jan 3 1907

that I last saw h alive on Jan 1 1907

and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Myocardeties

(DURATION) DATE

Contributory (Primary.) Senility

(DURATION) DATE

(Signed) Bernard Wess M.D.

Address St Josephs Hosp

Date Jan 3 1907

Place of Burial St Alphonsus

Date Jan 5 1907

Undertaker Henry Houck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1037 N. Central ave. ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Phillip Hiebert

{Residence, if in Baltimore, Give Street and Number.} 1037 N. Central ave.

B96823

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jos Schwin

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phillip Hiebert.

(Address) 1037 N. Central Ave

Filed 1/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 3 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1 — 1907 to Jan. 3 — 1907

that I last saw h.i.m. alive on Jan. 2 — 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date Balto Jan. 3 — 1907

Place of Burial Holy Redeemer

Date Jan 5 1907

Undertaker Henry Koch & Son

Address 1301 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lettie A. Jennings

{Residence, if in Baltimore, Give Street and Number.} Pittsburg Pa

Duration of Residence in Baltimore. ?

B96824

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 9 1856

AGE 50 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ohio

FULL NAME OF FATHER Henry Heberling

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Hannah Lewis

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. L. Jennings

(Address) 422 5th Ave Pittsburg Pa

Filed 1/3 1907 HARRY O'T ANDREWS, PERMIT CLERK and Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 3 1907

I HEREBY CERTIFY, That I attended deceased from Dec 24 1906 to Jan 3 1907 that I last saw her alive on Jan 3 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Erysipelas Gentre

(DURATION) DAYS

(Signed) E. S. T. Richardson M.D.

Address J. H. Hospital

Date Jan 3 1906

Place of Burial Mt Pleasant Ohio

Date JAN 3 1907 190

Undertaker Albert E. Fulton

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96825

City of Baltimore, (No. N. 251, Exeter St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cesarino Di Maggio

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan (Month) 1st (Day) 1907 (Year)

AGE: — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Carmelo Di Maggio

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Clementina Ferrarei

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carmelo Di Maggio

(Address) 261 N. Exeter St

Filed 1/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 3rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Jan. 2nd 1907 that I last saw h ims alive on Jan 2nd 1907, and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Congestion of lungs

(DURATION) 2 DAYS

Contributory

(DURATION) DAYS

(Signed) A. Palmisano M. D.

Jan 3rd 1907 (Address) 224 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Vincents Cemetery — DATE OF BURIAL: Jan 3rd 1907

UNDERTAKER: Germanus Trance — ADDRESS: 1901 Bank St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

B96826

CERTIFICATE OF DEATH.

79V

(Place of Death.) No. 1004 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Taylor

{Residence, if in Baltimore, Give Street and Number.} 1004 Linden Ave.

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1

AGE 44 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mama Lewis

(Address) 1004 Linden Ave

Filed 1/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 2, 1907.

I HEREBY CERTIFY, That I attended deceased from Nov. 1906 to Jan. 2, 1907

that I last saw her alive on Jan. 2, 1907

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Incompetency (DURATION) DAYS

Contributory (Primary.)

Aortic Heart Disease (DURATION) many DAYS

(Signed) H. Edw. Magruder M.D.

Address 922 Madison Ave.

Date Jan. 7, 1907.

Place of Burial Mt. Auburn Cemetery

Date January 3 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

tracts from Regulations of the Board of Health to secure a full a

SECTION 2. *And be it further enacted and ordained*, That whe
Physician who attended during his or her last sickness, or the C
nty-four hours after death, to the Undertaker, or other person supe
be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96827

City of Baltimore, (No. 1501 E Fort Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Winifred Nugent

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 11th (Month) (Day) 1844 (Year)

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Flanigan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Sharkey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Nugent

(Address) 1501 E Fort Ave

Filed 1/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 2nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 27th 1906 to Jan 2nd 1906

that I last saw h.. alive on Jan 2nd 1906,

and that death occurred, on the date stated above, at .....

M. The CAUSE OF DEATH was as follows:

Intestinal Obstruction

(DURATION) 7 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. J. O'Donnell M. D.

Jan 3rd 1906 (Address) 1340 S Wilson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bonnie Brae	Jan 5 1907
UNDERTAKER	ADDRESS
John J. Fahey	1232 William St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1265 Williams St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Aly Lowry

{Residence, if in Baltimore, Give Street and Number.} 1265 William

Duration of Residence in Baltimore. Life

B96828

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal

COLOR: Wht

DATE OF BIRTH: March 20th 1837

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Ed Lowry

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: A Simms.

BIRTHPLACE OF MOTHER (State or country): Brookly A.A. Co.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Lowry

(Address) 1255 William St

Filed 1/3 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 21 1906 to Jan 1st 1907

that I last saw him alive on Jan 1st 1907

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apthenya

(DURATION) 3 9 DAYS

Contributory (Primary) Pneumonia

(DURATION) 3 DAYS

(Signed) Edw Campbell M.D.

Address 517 Lanvale St

Date Jan 2nd 1907

Place of Burial Western Cemetery

Date Jan. 4th 1907

Undertaker John J. Fahey

Address 1232-36 William St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96829

City of Baltimore, (No. 950 Franklin Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Mary E. Hall

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: not known (Month) 1 (Day) ..... (Year)

AGE: about 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Kingston - Jamaica

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Kingston Jamaica

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. G. Rives

(Address) 830 N. Fulton Ave

Filed 1/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1 (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 2 1906 to Jan 2nd 1906

that I last saw her alive on Jan 2nd 1906

and that death occurred, on the date stated above, at 7 3/4 P.M. The CAUSE OF DEATH was as follows:

General debility

about 6 months (DURATION) ..... DAYS

Contributory (general) Exhaustion & Paralysis (DURATION) 7 DAYS

(Signed) Chas B Wilson Jr M. D.

Jan 3 1907 (Address) 821 N. Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Jan 4th 1907

UNDERTAKER: G. F. Walker — ADDRESS: 723 W. Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***forty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96830

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1418 Eutaw Place, Balto, Md St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edmund Howard Crosby

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov (Month) 4th (Day) 1856 (Year)

AGE: 50 years, 2 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Howard Crosby

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Margaret E Grace

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Grace Crosby

(Address) Rhinebeck N.Y.

Filed 1/4/ 1907

HARRY O. ANDREWS
DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Jan 3 1907

that I last saw him alive on Jan 2 1907

and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Acute Lobal Pneumonia

4H (DURATION) 4 Days

Contributory

(DURATION) DAYS

(Signed) Howard A. Kelly M.D.

Jan 3 1907 (Address) 1418 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Rhinebeck N.Y. How long at Place of Death? 2 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Rhinebeck New York

DATE OF BURIAL: Jany 5 1907

UNDERTAKER: Stewart & Mowen

ADDRESS: 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 114 Winter St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Henry Walker.

{Residence, if in Baltimore, Give Street and Number.} 114 Winter St.

Duration of Residence in Baltimore. Five.

B96831

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: .....1.....

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: — — — —

BIRTHPLACE OF MOTHER (State or country): — — — —

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mary walker

(Address) 114 winter St

Filed 1/4 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2 1907

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Jan 2 1907

that I last saw him alive on Jan 2 1907

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION)

Contributory (Primary.)

(DURATION)

(Signed) J. Edward Lurk M.D.

Address 528 Lemmon St

Date Jan 2 1907

Place of Burial mt auburn

Date Jan 4 1907

Undertaker J. L. Bjorn and Son

Address 108 w montgomery St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1735. S Charles. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha M Tipton

{Residence, if in Baltimore, Give Street and Number.} 1735 S Charles St

Duration of Residence in Baltimore. 2 years. B96832

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: White

DATE OF BIRTH: Jan. 9th 1840

AGE: 66 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Hanford Co. Md

FULL NAME OF FATHER: Joshua Francis

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eliza Plowman.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Tipton

(Address) 1735 S Charles.

Filed 1/4/ 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Jan 2 1907

that I last saw her alive on Jan 1 1907

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Complications of disease

+ La. Grippe

(DURATION) 12 DAYS

Contributory (Primary.) Ven Failure

+ Exhaustion (DURATION) 2 DAYS

(Signed) J. W. Cole M.D.

Address 735 N Fulton Ave

Date Jan 2 1907

Place of Burial Camp Chapel, Balto Co Md

Date Jan. 5th 1907

Undertaker E. J. Fanning

Address 1460 Battery av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1014 William St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. A. Moran

{ *Residence, if in Baltimore, Give Street and Number.* } 1014 William St.

B96833

Duration of Residence in Baltimore. 1 Yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Sept 9th 1888.

AGE: 19 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singles

BIRTHPLACE (State or country): Anne Arundel Co Md

FULL NAME OF FATHER: Geo E Moran.

BIRTHPLACE OF FATHER (State or country): A A Co Md

MAIDEN NAME OF MOTHER: Annie E Baker.

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo E Moran

(Address) 1014 William St

Filed 1/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany. 2/07. 190

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Jany. 2/07. 190

that I last saw him alive on Jany. 2 1907,

and that death occurred, on the date stated above, at 8:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculoaia

1 Yr. (DURATION) DAYS

Contributory (Primary.) Cardiac Failure

(DURATION) 3 DAYS

(Signed) E J Ellis M.D.

Address 915 Light St.

Date Jany. 3/07. 190

Place of Burial Rest Gate M A Co Md

Date Jan 5th 1907

Undertaker E. J Fanning

Address 1460 Battery a

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ig forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Kelly's Court St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lizzie Myers

{Residence, if in Baltimore, Give Street and Number.} 1 Kellys Ct.

Duration of Residence in Baltimore. 6 yrs

B96834

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk.

DATE OF BIRTH Unknown 1

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie White

(Address) 1 Kellys Ct

Filed 1/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Jan 1 1907

that I last saw h.. alive on Dec 31 1906,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

6 mos (DURATION) ... DAYS

Contributory (Primary.) Anaemia

1 mo (DURATION) ... DAYS

(Signed) J Norris M.D.

Address 739 N Fayette St

Date Jan 3 1907

Place of Burial Norfolk Va.

Date January 4 - 1907

Undertaker Alex. Hinsley

Address 578 N. Biddle Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ... forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ... and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 727 Chapelle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Lowe (Lane)

{ Residence, if in Baltimore, Give Street and Number. } 727 Chapelle St

B96835

Duration of Residence in Baltimore. Ten years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: 96 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Laborer farm	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Johnson

(Address) 727 Chapelle St.

Filed 1/4 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 2nd 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Old age & general debility

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Wm. Bachman M.D.

Address 700 Laf. av. Bromo,

Date Jan. 3rd 1907

Place of Burial Mt. Auburn Lauryl Cem

Date January 5. 1907

Undertaker Alex. Hennsley

Address 278 N. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

13?

(Place of Death.) No. 2431 E. Fayette St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine P. Houghton

{Residence, if in Baltimore, Give Street and Number.} 2431 E Fayette St

Duration of Residence in Baltimore. Life time

B96836

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January 15th 1865

AGE: 41 years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Mann

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Hannah A. V. Gill

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H Houghton

(Address) 2431 E Fayette St

Filed 1/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 22, 1906 to Jan 1st 1907 that I last saw her alive on Jan 1st 1907, and that death occurred, on the date stated above, at 7 P.M., CAUSE OF DEATH (Secondary or Immediate)

Puerperal fever.

(DURATION) 9 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible], M.D.,

Address 11 S. Broadway

Date Jan. 7, 1907.

Place of Burial Mt Carmel Cem.

Date January 9 1907

Undertaker Wallenstein

Address 201 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

11 8 V

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Finkelstein

{ Residence, if in Baltimore, Give Street and Number. } Pocomoke City B96837

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: — — 1	
AGE: 18 years, — months, — days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single	
BIRTHPLACE (State or country): Penn	
FULL NAME OF FATHER: David Finkelstein	
BIRTHPLACE OF FATHER (State or country): ~~Russia~~	
MAIDEN NAME OF MOTHER: Riva Rabasnivitz	
BIRTHPLACE OF MOTHER (State or country): Russia	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Finkelstein

(Address) Pocomoke City, Md

Filed 1/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 4 1906

I HEREBY CERTIFY, That I attended deceased from Dec 7 1906 to Jan 4 1907 that I last saw h[illegible] alive on Jan 4 1907 and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

(DURATION) DAYS

Contributory (Primary.) Acute Appendicitis

(DURATION) DAYS

(Signed) E S T Richardson M.D.

Address Johns Hopkins Hospital

Date January 6 1907

Place of Burial Blair Rd Nebma

Date Jan 4, 1906

Undertaker Mark Levinson

Address 1138 Low st.

WM. J. C. DULANY CO., BALTIMORE.

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 808 S. Curley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia Schnitzker

{Residence, if in Baltimore, Give Street and Number.} 808. S. Curley St.

Duration of Residence in Baltimore. 23 yrs

B96838

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 2nd 1826

AGE: 80 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wilhelm Jaeger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Schnitzker

(Address) 804 Second St.

Filed 1/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 2 1907

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Jany 2 1907

that I last saw her alive on Jany 1 1907,

and that death occurred, on the date stated above, at 9.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 4 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Chas. Ritter M.D.

Address 2 Hendrickson

Date Jany 3 1907

Place of Burial Pt Evangeli

Date Jan 4 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Canton Avenue.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

16

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Steinbock

{Residence, if in Baltimore, Give Street and Number.} 1104 Hanover st

Duration of Residence in Baltimore. Life

B96839

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 14th 1870

AGE: 36 years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Gen. Steinbock

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Louis

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Steinbock

(Address) 1533 S. Charles St.

Filed 1/4 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 19 to Death 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 12-10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Shock from burns

Burns & Shock Combined

(DURATION) 3½ hrs. ~~DAYS~~

Contributory (Primary.) Fell from Car.

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 216 N Caroline St

Date Jan 7, 1907

Place of Burial Loudon Park Cemetery

Date Jan 4th 1907

Undertaker J. Lander Town

Address 1310 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 210 N Fremont St

Full Name Martin Cook

{Residence, if in Baltimore, Give Street and Number.} 210 N Fremont St

Duration of Residence in Baltimore. Life 67 yr.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

B96840

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Wht

DATE OF BIRTH: Jan 19 1839

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Mar.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Cook

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Porter & Driver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L Cook

(Address) 210 N Fremont St

Filed 1/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 2 1907

that I last saw h[illegible] alive on Jan 2 1907;

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

17 yr. (DURATION) ..... DAYS

Contributory (Primary.) Asthenia

(DURATION) 2 DAYS

(Signed) T L Norwood M.D.

Address 939 W Fayette

Date Jan 3 1907

Place of Burial Loudon Park Cemetery

Date Jan 4 1907

Undertaker Geo. Bunk

Address 574 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 532 W. McMechen St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John S. Anderson

{Residence, if in Baltimore, Give Street and Number.} 532 W. McMechen

Duration of Residence in Baltimore. Life B96841

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: col

DATE OF BIRTH: 1906

AGE: ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Harry Anderson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lillie Olivia

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Anderson

(Address) 532 W. McMechen St

Filed 1/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 3 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Jan 3 1907

that I last saw h[illegible] alive on Jan 2 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate

..... (DURATION) ..... DAYS

Contributory (Primary) Pneumonia

(DURATION) 7 DAYS

(Signed) Lillie Eboaugh M.D.

Address 174 Paca

Date Jan 4 1907

Place of Burial Mt Auburn Cem

Date Jany 5th 1907

Undertaker Coleman Conright

Address 1364 W. Lexington Street

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a cer ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ling forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

13 ✓

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Heath

{Residence, if in Baltimore, Give Street and Number.} 1204 McElderry St

Duration of Residence in Baltimore. 2

B96842

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Black

DATE OF BIRTH: 1

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Armstrong

(Address) 1204 McElderry St

Filed 1/4 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 1 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Jan 1 1907

that I last saw him alive on Jan 1 1907,

and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

ac. Lobar Pneumonia

ac. Meningitis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) S. S Krause M.D.

Address Johns Hopkins Hospital

Date Jan 7 1907

Place of Burial Asbury

Date January 4 1907

Undertaker R. F. Ellicott

Address 506 Rodgers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 B 96843 Registered No. B 96843

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Lindenberger

{Residence, if in Baltimore, Give Street and Number.} 781 Lusters court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/4 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 2 1907

I HEREBY CERTIFY, That I attended deceased from Sept 11 1906 to Jan 2 1907

that I last saw h in alive on Jan 2 1907

and that death occurred, on the date stated above, at 2 20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffuse nephritis, Arteriosclerosis, Bronchial pneumonia (DURATION) DAYS

Contributory (Primary.)

Epilepsia (DURATION) DAYS

(Signed) Howell Nicholson M.D.

Address Bay View Asylum

Date Jan 7 1907

Place of Burial Mt Auburn cemetery

Date Jan 9 1907

Undertaker George H Hoss

Address 609 Lit[illegible] East

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

45 V

(Place of Death.) No. 1023 Race St St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Julia Ann Harris

{Residence, if in Baltimore, Give Street and Number.} 1023 Race St

B96844

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 8th 1859

AGE: 49 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Harris

(Address) 1023 Race St

Filed 1/4 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 3 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Jany 3 1907

that I last saw h[illegible] alive on Jany 1 1907

and that death occurred, on the date stated above, at 5.30 a.m. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION)

Contributory (Primary) Sarcoma

(DURATION)

(Signed) C. Johnson

Address 528 Hanover St

Date Jany 3 1907

Place of Burial Western Cem

Date Jan 5th 1907

Undertaker E. Schloman & Sons

Address 1039 Hanover St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93845

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 2247 E Preston St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Skinner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb (Month) 14 (Day) 1893 (Year)

AGE: 13 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Kent Co Md.

FULL NAME OF FATHER: Percy Skinner

BIRTHPLACE OF FATHER (State or country): Kent Co. Md

MAIDEN NAME OF MOTHER: Mary Gemmill

BIRTHPLACE OF MOTHER (State or country): Kent Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P Skinner

(Address) 2247 E Preston St

Filed 1/4/1907

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec-1-1906 to Jan-3-1907

that I last saw h[illegible] alive on Jan-3-1907,

and that death occurred, on the date stated above, at 8:30 a.m. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) 3 DAYS

Contributory Uraemic Convulsions

(DURATION) 4 hrs DAYS

(Signed) H H Powers M. D.

Jan-3-1907 (Address) 2571 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodlawn | DATE OF BURIAL: Jan 5 1907

UNDERTAKER: Geo Wood | ADDRESS: 1462 N Gay

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

tracts from Regulations of the

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **enty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause an

of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1253 Sergent st

Full Name Ferdinand Werner

{Residence, if in Baltimore, Give Street and Number.} 1253 Sergent st

Duration of Residence in Baltimore. Life time B96846

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Sept 29 1892

AGE: 14 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: C

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Ferdinand Werner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Amelia Funk

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Juerdens

(Address) 217 S. Pace st

Filed 1/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 3rd 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to Jan 3rd 1907

that I last saw h[illegible] alive on Jan 2 1907,

and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) 150 DAYS

Contributory (Primary.) Edwin Juerdens (DURATION) 20 DAYS

(Signed) Edwin Juerdens M.D.

Address 517 Lenox st

Date Jan 4 1907

Place of Burial Western Cemetery

Date January 5 1907

Undertaker Jos. Juerdens, Son

Address 217 S. Pace st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate rth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d the **cause and date of death.**

CERTIFICATE OF DEATH. B96847

(Place of Death.) No. 1 Liberty Heights Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia L. Webb

{Residence, if in Baltimore, Give Street and Number.} No 1 Liberty Heights Ave Forest Park

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 13- 1851

AGE: 55 years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Richard L Loane

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Elizabeth Paca

BIRTHPLACE OF MOTHER (State or country): Balto city

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Chas W. Webb

(Address) Liberty Road

Filed 1/4/ 1907 HARRY O. ANDREWS, [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 3 1907 that I last saw her alive on Jan 2 1907 and that death occurred, on the date stated above, at 8 A M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

Valvular Heart Disease

(DURATION) DAYS

Contributory (Primary) Purulent Pneumonia

Diabetes Mel. (DURATION) 3 DAYS

(Signed) Augustus Lon M.D.

Address St Paul & 25th Sts

Date Jan 4th 1907

Place of Burial Mt Olivet

Date Jan 5th 1907

Undertaker E Madison Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96848

Registered No. B.....

City of Baltimore, (No. 2001, N. Charles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth P. Price

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept (Month) 13 (Day) 1848 (Year)

AGE: 58 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jas McDonnell

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Glass

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr W. S. Price

(Address) 2001 N. Charles st

Filed 1/4/1907 HARRY O. ANDREWS, [DEPUTY CLERK.]

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 3d 1907 to Jan 3 1907

that I last saw h[illegible] alive on [illegible] 1907,

and that death occurred, on the date stated above, at 12.30 P.M. The CAUSE OF DEATH was as follows:

Apoplexy

2 hours (DURATION)

Contributory Arteriosclerosis

(DURATION) ..... DAYS

(Signed) W. T. Price M. D.

Jan 4th 1907 (Address) 2115 Charles st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	Jan 6 1907
UNDERTAKER	**ADDRESS**
C M Mitchell	1201 W Fayette

96849

CERTIFICATE OF DEATH.

42 V

(Place of Death.) No. 1008 N Bates St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Reshneck

{ Residence, if in Baltimore, Give Street and Number. } 1008 N Baltimore st

Duration of Residence in Baltimore. 48 years

B96849

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: .....1.....

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " " —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw Reshneck

(Address) .....

Filed 1/4 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 3rd 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Jany 3 1907 that I last saw h— alive on Jany 3 1907, and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of uterus

One year (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thos L Bowley M.D.

Address 1701 Hollins

Date Jany 4 1907

Place of Burial New Cathedral

Date 1/7 1907

Undertaker Wm J Schilling

Address 9 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 96850

Registered No. B.....

City of Baltimore, (No. 1145 Hanover St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Selma E. Bauer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Friedrich Fisher

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Martha Dettmar

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Fields

(Address) 1200 N. Lombard st

Filed 1/4 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 2nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 26th 1906 to Jan 2nd 1907 that I last saw her alive on Jan 2nd 1907, and that death occurred, on the date stated above, at 7.15 P.M. The CAUSE OF DEATH was as follows:

Phthisis

6 months (DURATION) ..... DAYS

Contributory Katenia

2 weeks (DURATION) ..... DAYS

(Signed) H. J. Carrick M. D.

Jan 2nd 1907 (Address) 647 W. Conway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Carmel

DATE OF BURIAL: Jan 5th 1907

UNDERTAKER: John L. Fields

ADDRESS: 1200 N. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the City of Baltimore, the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96851

CERTIFICATE OF DEATH.

City of Baltimore, (No. 645, Wayne St.; Ward) Registered No. B

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lennis Parker

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: B

DATE OF BIRTH: April — (Month) (Day) 1860 (Year)

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singl

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Sam Parker

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Smith

(Address) 645 Wayne Ave.

Filed 1/4/1907

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 2 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Jan 2 1907, that I last saw h. alive on Dec 26 1906, and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

Asthma

Contributory Diabetes (DURATION) 14 DAYS

(Signed) J. J. Hear M. D.

Jan 3 1907 (Address) 617 Columbia Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Jan 4 1907

UNDERTAKER: John H. Vradenburg ADDRESS: 142 W. Hill St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the City of Baltimore, the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

90 ✓

CERTIFICATE OF DEATH.

Registered No. B 96852

City of Baltimore, (No. 1129 E. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry N Petshersky

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: November 29 (Month) (Day) 1906 (Year)

AGE: — years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jacob Petshersky

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rebecca Vinogradsky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Petshersky

(Address) 1129 E. Pratt St.

Filed 1/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 2 1907 to January 3 1907 that I last saw him alive on January 3 1907, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Acute Bronchitis

(DURATION) 3 DAYS

Contributory —

(DURATION) DAYS

(Signed) M. Hirschman M. D.

1/4 1907 (Address) 900 E. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philip Rd Road

DATE OF BURIAL: Jan 4 1907

UNDERTAKER: Max Levinson

ADDRESS: 1134 Lombard

WM. J. C. DULANY CO., BALTIMORE.

✓

acts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***ty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

77 V

CERTIFICATE OF DEATH.

Registered No. B 96853

City of Baltimore, (No. 1805, Thomas Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Virginia E. Hardingham

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) 16 (Day) 1846 (Year)

AGE: 60 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Thacker Rogers

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Louisa

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Hardingham

(Address) 1805 Thomas Ave.

Filed 1/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 3rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 2nd 1906 to Jan 3rd 1907

that I last saw her alive on Jan 3rd 1907,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis Pulmonalis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. T. Smith M. D.

Jan 3rd 1907 (Address) 3050 Eastern Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 5 1907

UNDERTAKER: Wm Cook — ADDRESS: 1507 E. Hoffman Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

B96854

CERTIFICATE OF DEATH.

129 V

(Place of Death.) No. 807 Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gibberrah Sadler

{Residence, if in Baltimore, Give Street and Number.} 804 Sharp St

Duration of Residence in Baltimore. 50 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 1

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clementine Sadler

(Address) 804 S. Sharp St

Filed 1/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 d 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Jan 3d 1907

that I last saw h[illegible] alive on Jan 2 1907

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

Stroke

6 months (DURATION) DAYS

Contributory (Primary.)

Asthenia (DURATION) DAYS

(Signed) [illegible] M.D.

Address 885 Light St

Date Jan 3 d 1906

Place of Burial Cedar Hill.

Date Jan 5 1906

Undertaker Wm. Ford & Son

Address 1526 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96855

City of Baltimore, (No. 1832, N Durham St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: January (Month) 4 (Day) 1907 (Year)
AGE: — years, — months, 6 hrs. days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —
BIRTHPLACE (State or country): 1832 N Durham St
FULL NAME OF FATHER: Archie R. Miller
BIRTHPLACE OF FATHER (State or country): Westminster Md.
MAIDEN NAME OF MOTHER: Nellie Carter.
BIRTHPLACE OF MOTHER (State or country): Baltimore City
OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Archie R Miller (Father)
(Address) 1832 N Durham St

Filed 1/4 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Jan 4 1907 that I last saw h.. alive on Jan 4 1907, and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Congenital Debility

6 hrs (DURATION) / DAYS

Contributory —

(DURATION) 6 hrs. DAYS

(Signed) A. D. Macdonald M. D.

Jan 4 1907 (Address) 1548 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery
DATE OF BURIAL: Jan. 4 1907
UNDERTAKER: Henry Hoeck & Sons
ADDRESS: 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

167 V

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Calvert Vogler

{Residence, if in Baltimore, Give Street and Number.} 1111 N. Mayton

B96856

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH June 28th 1904

AGE 2 1/2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Edward G. Vogler

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary E. Hirsch

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Norton.

(Address) 1111 N. Milton Ave

Filed 1/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 3 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Burned body

(Accidental)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Carrollas M.D.

Address Coroners Office

Date Jan 3 - 07 1907

Place of Burial Baltimore Cemetery

Date Jan. 5th 1907

Undertaker Henry Hoeck Sons

Address 130 S Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 Ensor St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Hugh Campbell

{Residence, if in Baltimore, Give Street and Number.} 1407 Ensor St.

Duration of Residence in Baltimore. 60 years 896857

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Bernard Campbell

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Not known.

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E Brown

(Address) 1407 Ensor St.

Filed 1/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 3 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 3 1907

that I last saw h in alive on Jan 2 1907

and that death occurred, on the date stated above, at 1.0 a m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) DAYS

Contributory (Primary.) Grippe +

General debility (DURATION) DAYS

(Signed) James M Benton M.D.

Address 710 E Chase St

Date Jan 4 1907

Place of Burial New Cathedral Cemetery

Date Jan. 7 1907

Undertaker Henry Hecht & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended the case comes under his ice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person eased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Nellie Cahall

{ Residence, if in Baltimore, Give Street and Number. } Glenwood Del.

B96858

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: Wm Cahall

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Mary Jones

BIRTHPLACE OF MOTHER (State or country): Delaware

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. G. Cluff

(Address) Lewis Delaware

Filed 1/4 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan - 4 - 1907

I HEREBY CERTIFY, That I attended deceased from Dec - 23 1906 to Jan 4 1907

that I last saw h... alive on Jan 4 1907

and that death occurred, on the date stated above, at 4.20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Sepsis

(DURATION) 4 DAYS

Con'tributory (Primary.) Peritonitis

(Appendicitis) (DURATION) 11 DAYS

(Signed) M. W. Stout M.D.

Address Md Homeo Hospital

Date Jan - 4 1907

Place of Burial [redacted]wood. Del.

Date Jan 4, 1907

Undertaker J. & J. Cook

Address 1003 W Belvd

Sussex Co. Del

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

34 V

(Place of Death.) No. 836 Woodward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adaline Jones

{ Residence, if in Baltimore, Give Street and Number. } 836 Woodward St.

Duration of Residence in Baltimore. Life B 96859

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 15 1887

AGE 20 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Adam Roman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Workman

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Roman

(Address) 836 Woodward St

Filed 1/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 3, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 1905 to Jan 3, 1907 that I last saw h alive on Jan 3, 1907, and that death occurred, on the date stated above, at 11 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Tuberculosis

(DURATION) 18 Months

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Tannyhill M.D.

Address 653 Columbia Ave.

Date Jan 4, 1907

Place of Burial Loudon Park

Date Jan 5 1907

Undertaker Josiah Dyer

Address 1211 N Hurlock ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2232 E. Chase St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Franklin Collins

{Residence, if in Baltimore, Give Street and Number.} 2232 E. Chase St.

Duration of Residence in Baltimore. Life

B96860

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 31 1862

AGE: 44 years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: George W. Collins

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Miranda Holland

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Carter +

(Address) 1208 E. Chase St.

Filed 1/4/ 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 3, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 21 1906 to Jan. 3 1907

that I last saw h- alive on Jan 2 1907

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease immediate with secondary Nephritis.

Heart Disease (DURATION) 14 DAYS

Contributory (Primary.) Nephritis

(DURATION) X DAYS

(Signed) Francis C. Bayne M.D.

Address 101 Woodlawn Rd Roland

Date January 3, 1907

Place of Burial Western Cemetery

Date January 6th 1907

Undertaker J. Herwig & Son

Address 2008 Aliceana St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the ng forth, as far as the same can be ascertained, the **full** o the Undertaker, or other person superintending the burial, a certificate ased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64 V

CERTIFICATE OF DEATH 96861

Registered No. B.....

City of Baltimore, (No. 647 N. Fulton Av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary J. Conklin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 28th 1827 (Month) (Day) Year

AGE: 79 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Albert Vanzant

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Katharine Maybe

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. E. Taylor

(Address) 647 N. Fulton Av

Filed 1/4/1907

HENRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ~~Jan~~ Dec 27th 1906 to Jan 4th 1907

that I last saw her alive on Jan 4th 1907,

and that death occurred, on the date stated above, at 1.30 A. M. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage causing hemiplegia & paralysis

(DURATION) 9 DAYS

Contributory General Debility & Prostration (DURATION) 3 DAYS

(Signed) J. Dawson Reeder M. D.

Jan 4th 1907 (Address) 639 N. Fulton Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bayonne N. J.	Jan 4th 1907
UNDERTAKER	ADDRESS
Bertram L. Love	1723 W Lafayette Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 652 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irving M. Eagan

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

B96862

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) HARRY O. ANDREWS, PERMIT CLERK

(Address)

Filed 1/4/ 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 3d 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Jan 3d 1907

that I last saw h alive on Jan 1st 1907

and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate) Pneumonia, 3 weeks old, Premature birth.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Goldsmith Coroner M.D.

Address 711 W. Lanvale

Date Jany 3d 1907

Place of Burial COLLEGE OF P. & S

Date JAN 4 - 1907 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person ased, and the *cause and date of death.*

30

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

99 V

(Place of Death.) No. W. Hamburg 178 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Bowman

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life B96843

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/4/1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31st 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Dec 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 11.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Lungs

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Feldstein Coroner M.D.

Address 211 N. Lanvale

Date Jany 1st 1907

Place of Burial COLLEGE OF P. & S.

Date JAN 4 - 1907 1907

Undertaker Commissioner Health,

Address Health Department

Morgue

WM. J. C. DULANY CO., BALTIMORE.

ANATOMICAL PURPOSES

305-

1207

CERTIFICATE OF DEATH.

(Place of Death.) No. 523 N Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Jane Idella McClelland

{Residence, if in Baltimore, Give Street and Number.} 523 N Chester

B 96864

Duration of Residence in Baltimore. 31 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Jan 12. 1866

AGE 40 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Anna Arundel Co Md

FULL NAME OF FATHER Samuel McKenney

BIRTHPLACE OF FATHER (State or country) Anna Arundel Co Md

MAIDEN NAME OF MOTHER Eliza Dorsell

BIRTHPLACE OF MOTHER (State or country) Anna Arundel Co Md

OCCUPATION OF DECEASED non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac A McClelland

(Address) 523 N Chester St

Filed 1/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Jan 4 1907

that I last saw her alive on Jan 3 1907

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 9 DAYS

Contributory (Primary.) Paralysis and Exhaustion (DURATION) 4 DAYS

(Signed) Adolph C Eisenberg M.D.

Address 2213 Orleans St

Date Jan 7 1907

Place of Burial Loudon Park Cemetery Jan 7 1907

Undertaker Albert C Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George B. Plummer

{ Residence, if in Baltimore, Give Street and Number. } Baltimore Co.

B 96865

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER Wm Plummer

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Mary Smithcomb

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/5/ 1907 HARRY J. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Blood Poison - due to a fistula that would

(DURATION) DAYS

Contributory (Primary) Hernia (?)

(DURATION) DAYS

(Signed) Fredk Cullen M.D.

Address Corner Nel

Date Jan 3. 1907

Place of Burial Mount Carmel

Date Jan 5 1907

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96866

City of Baltimore, (No. 719 W. Fulton Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah E. Lawrence

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: July (Month) 19 (Day) 1819 (Year)

AGE: 87 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Delaware — U.S.A.

FULL NAME OF FATHER: Thomas S. Flounders

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Mary Bonsall

BIRTHPLACE OF MOTHER (State or country): Delaware

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt A Bonner

(Address) 719 W Fulton Ave

Filed 1/5 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 4th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to Jan 4 1907

that I last saw h~~e~~ alive on Jan 4 1907,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

Sick several days before Dec 31 (DURATION) DAYS

Contributory Asthenia (DURATION) DAYS

(Signed) Robert W. Mifflin M. D.

Jan 5 1907 (Address) 1016 Mad. Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philadelphia Pa

DATE OF BURIAL: Dec 7th 1907

UNDERTAKER: Geo J Smith & Co.

ADDRESS: 1000 W Fayette St

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH

(Place of Death.) No. 1538 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leopold Heiman

{Residence, if in Baltimore, Give Street and Number.} 1538 N. Bond St.

Duration of Residence in Baltimore. 25 yrs. B96867

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Theodore Heiman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Heiman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Heiman

(Address) 1538 N. Bond St.

Filed 1/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 — 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Jan 4 1907

that I last saw h— alive on Jan 3 1907,

and that death occurred, on the date stated above, at 1 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy Paralysis

(DURATION) 7 DAYS

Contributory (Primary.) Coma —

(DURATION) DAYS

(Signed) J. C. Mears M.D.

Address 1713 Bank

Date Jan 5/07 1907

Place of Burial Holy Redeemer

Date Jan 6 1907

Undertaker Henry Hauck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEA

(Place of Death.) No. 102 N. Baxter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Powell

{ Residence, if in Baltimore, Give Street and Number. } 102 N. Baxter st.

Duration of Residence in Baltimore. Life

B96868

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: October 1st 1888

AGE: 18 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Frederick Mauser

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Anna Lowrey

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Mauser

(Address) 102 N. Baxter St

Filed 1/5 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 3rd 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ...

that I last saw h ..... alive on ..... 190 ...

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Gas.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Lawrence M.D.

Address Coroner N.P.

Date Jan 4—07 190

Place of Burial St. United Evg & Prot Cemetery

Date JAN 6 1907 190

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 19 Dorseys Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Matthew Webb

{Residence, if in Baltimore, Give Street and Number.} 19 Dorseys Lane.

Duration of Residence in Baltimore. Unknown -

B96869

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: July 4 - 1844

AGE: 62 years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Norfolk - Virginia

FULL NAME OF FATHER: Matthew Webb.

BIRTHPLACE OF FATHER (State or country): Norfolk - Virginia

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Geo. Brown

(Address) 614 Baker St.

Filed 1/5 1907 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 3 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Jan 3 - 1907 that I last saw h.. alive on Jan 3 1907 and that death occurred, on the date stated above, at 1.10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia
with Cardiac Failure.

(DURATION) 9 DAYS

Contributory (Primary.) Mitral Regurgitation Unknown
Arteria Sclerosis - (DURATION)

(Signed) Edw Mahle M.D.

Address 1923 W. Baltimore St

Date Jan 3 - 1907

Place of Burial National Cemetery Loudon Pk

Date January 5 1907

Undertaker Wm J Johnson

Address 614 Baker St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the ng forth, as far as the same can be ascertained, the **full** or other person superintending the burial, a certificate ased, and the **cause and date of death.** **condition** (whether married or single) of the person

CERTIFICATE OF DEA

(Place of Death.) No. 708 McHenry St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name John Hazell

{ Residence, if in Baltimore, Give Street and Number. } 708 McHenry St

Duration of Residence in Baltimore. 0

B96870

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH Nov 10 1857

AGE 49 years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jno Hazell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Anaten

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Brown

(Address) 708 McHenry St

Filed 1/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 3 1907

I HEREBY CERTIFY, That I attended deceased from Dec 29 1906 to Jan 3 1907

that I last saw h alive on Jan 3 1907

and that death occurred, on the date stated above, at 7 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W B Brown M.D.

Address 828 N Carrollton

Date Jan 4 1907

Place of Burial Bushwood Wharf & Mausoleum

Date January 5 1907

Undertaker W. Tuhn & Son

Address Camden Ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96871

City of Baltimore, (No. 703 W German St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Marie Schimpf

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 2 (Day) 1823 (Year)

AGE: 83 years, 6 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John A Schimpf

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Gleesner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Charles Roberts

(Address) 703 German St

Filed 1 5 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 3 1907 to Jan 4 1907 that I last saw her alive on Jan 3 1907, and that death occurred, on the date stated above, at 220 A. M. The CAUSE OF DEATH was as follows:

Cardio Sclerosis

Years (DURATION) X DAYS

Contributory X

(DURATION) X DAYS

(Signed) X Kerr Williams M. D.

Jan 4 1907 (Address) 701 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Jan 4 1907

UNDERTAKER: Jos B Cook

ADDRESS: 703 W Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***forty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 1401 Union Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Burgess.

{Residence, if in Baltimore, Give Street and Number.} 1401 Union Alley B96870

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Dec 30 1873

AGE: 33 years, ~~4~~ months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jabez White

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Ellen Scott

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Scott

(Address) 406 Union Alley

Filed 1/5 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1907

I HEREBY CERTIFY, That I attended deceased from December 30 1906 to Jan 3 1907

that I last saw him alive on Jan 2 1907

and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) 4 DAYS

Contributory (Primary.) Uraemia

(DURATION) 4 DAYS

(Signed) J. E. Brand M.D.

Address 1205 Aisquith St

Date 190

Place of Burial Woodlawn Cemetery

Date Jan 5 1907

Undertaker A. J. Gilmore

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 50 W. Biddle St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Archibald Carroll Preston

{Residence, if in Baltimore, Give Street and Number.} 50 W. Biddle St

Duration of Residence in Baltimore. 6 hours

B96873

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Jan 4th 1907

AGE 6 hours years, months, days

SINGLE, MARRIED, ~~WIDOWED~~ OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Alexander Preston

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER H G Norris

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Preston

(Address) 50 W. Biddle St

Filed 1/5 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Jan 4 1907

that I last saw h[illegible] alive on Jan 4 1907

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Incubator

6 hrs 7 lbs

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

Bulbs (DURATION) 1 DAYS

(Signed) [illegible] M.D.

Address 56 W Biddle St

Date Jan 4 1907

Place of Burial Baltimore

Date Jan 5th 1907

Undertaker H. W. Jenkins & Sons Co

Address 233 Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFIC...

CERTIFICATE OF DEATH.

Registered No. B 96874

City of Baltimore, (No. 1732 N. Fulton ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Medora J. Stalfort

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: July (Month) 25 (Day) 1841 (Year)

AGE: 65 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Julius Schwartz.

BIRTHPLACE OF FATHER (State or country): Kathereme Hildebrand Germany

MAIDEN NAME OF MOTHER: Germany

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont Ave

Filed 1/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to Jan. 4 1907 that I last saw h er alive on Jan 3 1907, and that death occurred, on the date stated above, at 9.05 a.m. The CAUSE OF DEATH was as follows:

Chronic Nephritis.

(DURATION) ..... DAYS

Contributory Exhaustion.

(DURATION) ..... DAYS

(Signed) Herbert C. Blake M. D.

1907 (Address) 1014 W Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: June 6 1907

UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

...cts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same e ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 1711 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Althoff

{ Residence, if in Baltimore, Give Street and Number. } 1711 N Bradford

Duration of Residence in Baltimore. Life B96875

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, 2 months, 7 days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Buffalo

FULL NAME OF FATHER August Althoff

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mrs Beaker

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) aug Althoff

(Address) 1711 N. Bradford St

Filed 1/5 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1907

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 190 to Jan 190

that I last saw h ~~alive~~ on ~~Dec~~ 190,

and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Carter M.D.

Address Coroners Office

Date Jan 3 - 07 1907

Place of Burial Loudon Park Cemetery

Date Jan 5th 1907

Undertaker Geo. Bentz

Address 539 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... 96876 Registered No. B 96876

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 548 W. Baddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucie McEnnen

{ Residence, if in Baltimore, Give Street and Number. } 548. W. Baddle St

Duration of Residence in Baltimore. Four years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: about 52 yrs. ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Va

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Kind. Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James McEnnen

(Address) 544 W. Biddle St

Filed 1/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 3rd 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Died Suddenly (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm Boardman M.D.

Address 700 Lg. av. Emmen

Date Jan. 3rd 1907

Place of Burial Charlottesville Albemarle County Va.

Date January 5 1907

Undertaker Felix O. Pyle

Address 103 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

V

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96877

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

64

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96877

City of Baltimore, (No. 520, N. Spring St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John F. Reuter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug. (Month) 31 (Day) 1843 (Year)

AGE: 63 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Bogel

(Address) 712 E. Chase St.

Filed 1/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 4 1907 to Jany 4 1907 that I last saw h.im alive on Jan 4 1907, and that death occurred, on the date stated above, at 1030 P. M. The CAUSE OF DEATH was as follows:

Apoplexy.
5 hours.
(DURATION) DAYS

Contributory
(DURATION) DAYS

(Signed) F. C. Sauer M. D.

1—5 1907 (Address) 1405 Jefferson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Matthews Cemetery

DATE OF BURIAL: Jan 7 1907

UNDERTAKER: Wm Andrew Rohde Son

ADDRESS: 730 Fulton

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...DEPARTMENT, City of Baltimore.

Ward 10 — Registered No. B 96878 (96878)

CERTIFICATE OF DEATH.

(Place of Death.) No. 2128 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Preston H. Travers

{Residence, if in Baltimore, Give Street and Number.} 2128 E. Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh

DATE OF BIRTH: DEC 15 1905

AGE: 1 years, 20 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Howard Travers

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Katharine Booker

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Travers

(Address) 2128 E Fayette St

Filed 1/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Jan 4 1907 that I last saw h[illegible] alive on Jan 4 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Asthenia

(DURATION) 24 hours

Contributory (Primary.) Acute Bronchopneumonia (DURATION) 24 DAYS

(Signed) Alvin B Lenhart M.D.

Address 742 N. Patterson Park Ave

Date Jan 4 1907

Place of Burial Mount Auburn

Date Jan 6 1907

Undertaker Wm Andrew Rohde & Son

Address 730 Patterson

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 96879

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96879

City of Baltimore, (No. 1019 E. Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah E. Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 59. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Jno. W. Richmond

BIRTHPLACE OF FATHER (State or country): Washington or Balto

MAIDEN NAME OF MOTHER: Margaret O'Neal

BIRTHPLACE OF MOTHER (State or country): Dr Not Known in America

OCCUPATION OF DECEASED: Cook Factor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F. Brown

(Address) .....

Filed 1/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany. 4. (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 29 1906 to Jany 4 1907 that I last saw h.. alive on Jany 3 1907, and that death occurred, on the date stated above, at 10.30 A. M. The CAUSE OF DEATH was as follows:

Exhaustion Following a Broncho-Pneumonia with a Tubercular basis

7 to 10 Days (DURATION) ..... DAYS

Contributory Tuberculosis

Many Years Duration (DURATION) ..... DAYS

(Signed) Charles F. Brown M. D.

Jany 4 1907 (Address) 517 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Gordon Park

DATE OF BURIAL: Jan 6th 1907

UNDERTAKER: John L. Fields

ADDRESS: 1200 W. Lombard

WM. J. C. DULANY CO., BALTIMORE

Ward 10 — 96880 — Registered No. B 96880

CERTIFICATE OF DEATH.

(Place of Death.) No. 2866 Lanvale ave West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter J. Woods

{Residence, if in Baltimore, Give Street and Number.} 2866 Lanvale

Duration of Residence in Baltimore. 27 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: June 21st 1853

AGE: 53 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): at Sea coming from Ireland to New York

FULL NAME OF FATHER: Laurence Woods

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Mooney

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Fireman Balt City F.D.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Woods

(Address) 2866 W. Lanvale ave

Filed 1/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Oct 27 1907 to Jan 3 1907

that I last saw him alive on Jan 3 1907

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

Contributory (Primary.) Bright's Disease (DURATION) (DATE)

Some years

(Signed) A. J. Andrews M.D.

Address 1822 N. Charles

Date January 4 1907

Place of Burial Western Cemetery

Date Jan 7th 1907

Undertaker Geo. Weber

Address 1515 N. Carey st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96882

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96882

City of Baltimore, (No. 1810, Hope St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna E. Cox

96882

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 10 (Month) (Day) 1906 (Year)

AGE: ..... years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: William G. Cox

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Elizabeth Wambold

BIRTHPLACE OF MOTHER (State or country): Baltimore city

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm G. Cox

(Address) Res. 1810 Hope st

Filed 1-5- 1907 J.N.C.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 4 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26, 1906 to Jan 4, 1906

that I last saw h-r alive on Jan 4, 1906,

and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Inflammation of Bowels of Intestinal Tox-

(DURATION) 10 DAYS

Contributory Cerebral Meningitis

(DURATION) 3 DAYS

(Signed) W. A. Colwell M. D.

Jan 5, 1906 (Address) 1246 Hartsdale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jany 6 1906

UNDERTAKER: W. Cook

ADDRESS: 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. 96881

Ward 11 Registered No. B 96881

5 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 W. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Catherine B. Hastay

{Residence, if in Baltimore, Give Street and Number.} 218 W. Madison St. 96881

Duration of Residence in Baltimore. 38 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	August 1
AGE	38 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Stephen Hastay
BIRTHPLACE OF FATHER (State or country)	Ireland.
MAIDEN NAME OF MOTHER	Mary Garvey
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hedges.

(Address) 218 W. Madison St

Filed 1-5- 1907 JDC Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Jan 4, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1906 to Jan 4, 1907 that I last saw her alive on Jan 3 1907 and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus.

8 months (DURATION) — DAYS

Contributory (Primary.) Coma and Heart failure (DURATION) 1 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date Jan 4, 1907

Place of Burial Druid Ridge Cemetery

Date January 6 1907

Undertaker Edward A Byrne

Address 302 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17D B96883 Registered No. B 47 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1937 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Edwin Gordon Jr.

{Residence, if in Baltimore, Give Street and Number.} 1937 W Baltimore Street

Duration of Residence in Baltimore. all his life. 96883

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 16- 1873

AGE: 33 years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore - Md.

FULL NAME OF FATHER: William Edwin Gordon Sr.

BIRTHPLACE OF FATHER (State or country): Baltimore - Md.

MAIDEN NAME OF MOTHER: Anna McCann

BIRTHPLACE OF MOTHER (State or country): Baltimore - Md.

OCCUPATION OF DECEASED: Book. Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Wm Gordon Jr

(Address) 1937 W Balto St

Filed 1-5- 1907 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 5 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 5 1907 that I last saw h~~im~~ alive on Jan 5 - 1907 and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure due to Cerebral Embolism with Paralysis.

(DURATION) 4 DAYS

Con~~tr~~ributory (Primary) Dilated Hypertrophied Heart - Endocarditis - Rheumatism - (DURATION) ~~Unknown~~ DAYS

(Signed) Edwards M.D.

Address 1903 W Baltimore Street

Date January 5- 1907

Place of Burial Mt Calvary Cemetery

Date Jan 7th 1907

Undertaker H E Sugden

Address 17 S Broady

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

96884

Ward 6

96884 Registered No. B

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1802 N. Chester Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Schmidt.

{Residence, if in Baltimore, Give Street and Number.} 1802 N. Chester St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH April 5th. 1838

AGE 68 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Bavaria.

FULL NAME OF FATHER —— Romer

BIRTHPLACE OF FATHER (State or country) Bavaria

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) Foreign

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Munro.

(Address) Lauraville Md

Filed 1/5/ 1907 HARRY C. ANDREWS, (PERMIT CLERK.)

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1906 to Jan 5th 1907

that I last saw h alive on Jan 4th 1907

and that death occurred, on the date stated above, at 12.40 M. CAUSE OF DEATH (Secondary or Immediate.)

General Debility.

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Wm. Munro M.D.

Address 1719 Eager St.

Date Jan. 5th 1907

Place of Burial Mount Auburn Cemetery

Date June 8 1907

Undertaker Louis Heemann

Address 612 Caroline St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 96885

Ward 14 B 96885 Registered No. B

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nicholas Brown,

{Residence, if in Baltimore, Give Street and Number.} St. Vincent. Inf. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: Dec 5 1906

AGE: ..... years, 1 month, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. D. Asylum

Filed 1/5/1907 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 3d 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to Jan 3 1907

that I last saw h~~e~~ alive on Jan 2 1907,

and that death occurred, on the date stated above, at 5 ~~P~~ M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) E. H Hayward M.D.

Address 1230 N Carlton

Date Jan 4, 1907

Place of Burial New Cathedral

Date Jan 5th 1907

Undertaker J. Martin Dulany & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore. 96885

Ward 14 B 96886 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Winfield

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Jan Nov 26 1906

AGE: ..... years, 1 month, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): L. Co

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vincents Inf. Asy.

Filed 1/5/ 1907 HARRY O. ANDREWS CITY REGISTER Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3d 1907

I HEREBY CERTIFY, That I attended deceased from Nov 26 1906 to Jan 3 1907

that I last saw her alive on Jan 2 1907

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. A. Hayward M.D.

Address 1230 N Caroline St

Date E. A. Hayward Jan 4 1907

Place of Burial New Cathedral

Date Jan 5th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 96887

Ward 14 B 96887 Registered No. B 96887

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Myrtle

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	Nov 12 1906
AGE	1 years, 1 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 1/5/ 1907 HENRY C. ANDREWS, CHIEF CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3, 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 1906 to Jan 3 1907

that I last saw h alive on Jan 3 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 1-4 1907

Place of Burial Mt. Auburn

Date Jan 6th 1907

Undertaker Martin Finney & Son

Address 836 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 — 96888 — Registered No. B 96888

CERTIFICATE OF DEATH.

(Place of Death.) No. 1443 Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. L. Johnson

{Residence, if in Baltimore, Give Street and Number.} 1443 Vincent st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Jan. 14th 1902

AGE: 4 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm. L. Johnson

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Susan Jennings

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Johnson

(Address) 1425 Vincent St.

Filed 1/5/ 1907 HARRY P. ANDREWS, REGISTER. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 4th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary) Pneumonia

(Measles) (DURATION) 4 DAYS

(Signed) Wilson Baldwin M.D.

Address 700 Key. ave. (Canton)

Date Jan. 5th 1907

Place of Burial London Park

Date January 5 1907

Undertaker Wm E Hough Co.

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — B 96889 — Registered No. B [illegible]96889

CERTIFICATE OF DEATH.

(Place of Death.) No. 607 E Chase St — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Drusilla Stubbins

{Residence, if in Baltimore, Give Street and Number.} 607 E Chase St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: white

DATE OF BIRTH: July 10 1828

AGE: 78 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Robt Ambrose

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Mary Poe

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Stubbins

(Address) 607 E Chase St

Filed 1/5/1907 — HARRY [illegible], PUBLIC CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 4 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 25 1906 to Jan. 4 1907 that I last saw h[illegible] alive on Jan. 4 1907, and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

Exhaustion

(DURATION) 9 DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) Alfred Worthington M.D

Address 92 Cathedral St

Date Jan. 5 1907

Place of Burial Westminster Cemetery

Date January 6 1907

Undertaker Robt J Snowden

Address Pimlico

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore. 96890

Ward 8 96890 Registered No. B 11 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1730 E Oliver St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Margaret R. Yates

{Residence, if in Baltimore, Give Street and Number.} 1730 E Oliver

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 3 1831

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thos Lee

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Mary Lee

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eggleston

(Address) 1730 E. Oliver

Filed 1/5/ 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1907

I HEREBY CERTIFY, That I attended deceased from Oct 16 1906 to Jan 3 1907 that I last saw h alive on Jan 3 1907, and that death occurred, on the date stated above, at 7.30

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac dis
Carbo. Jaundice

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W Kelly M.D.

Address 1639 Broadway

Date Jany 4 1907

Place of Burial Western Cemetery

Date Jany 6 1907

Undertaker Robt Timmons

Address 19 Hoy. Oliver

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 96891 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1935 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Willis R. Parker

{Residence, if in Baltimore, Give Street and Number.} 1935 Aisquith Street

Duration of Residence in Baltimore. Since birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ... 1 ...

AGE: ... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Alexander Parker

BIRTHPLACE OF FATHER (State or country): Annapolis

MAIDEN NAME OF MOTHER: Rebecca Allen

BIRTHPLACE OF MOTHER (State or country): Annapolis

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Parker

(Address) 1935 Aisquith st

Filed 1/5/1907 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4th January 1907

I HEREBY CERTIFY, That I attended deceased from 1st Dec. 1906 to 4th Jan. 1907 that I last saw h~~im~~ alive on 4th Jan. 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-pneumonia

about a week (DURATION) — DAYS

Contributory (Primary.) Cardiac failure

about 9 hrs (DURATION) — DAYS

(Signed) S. N. Boyle M.D.

Address 1418 Jefferson St.

Date 5th January 1907.

Place of Burial Howard bur. Mt. Hope Lic.

Date Jan 6. 1906

Undertaker R. St. E. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96892 — Registered No. B 96892

CERTIFICATE OF DEATH.

10 V

(Place of Death.) No. 1536 Shields alley St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Josephine Watkins.

{Residence, if in Baltimore, Give Street and Number.} 1536 Shields alley

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH 1

AGE 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Watkins

(Address) 1536 Shieles alley

Filed 1/5/ 190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 3/ 1906 to Jan. 3 1907

that I last saw her alive on Dec. 3/ 1906

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Ac. Croupous Pneumonia.

— (DURATION) 3 DAYS

Con'ributory (Primary.) Influenza

(DURATION) 7 DAYS

(Signed) W. L. Conn. M.D.

Address 515 Mosher St

Date Jan. 4th 1907

Place of Burial Lowell

Date Jan 6 1906

Undertaker R. J. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 96893

Ward 10 B 96893 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Goldberg.

{ Residence, if in Baltimore, Give Street and Number. } 232 N. Bond St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Bennie Goldberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Gittie Ogrutz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bennie Goldberg

(Address) 232 N Bond st

Filed 1/5/ 1907 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 4- 1907

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to Jan 4 1907

that I last saw her alive on Jan 4 1907 at 2 30 P. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Intestinal perforation with Peritonitis (DURATION) 24 hrs

Contributory (Primary.) Typhoid fever (DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date January 4 1907

Place of Burial Philip Rd Rosedale

Date Jan 6, 1906

Undertaker May Levinson

Address 138 Low st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96894

Registered No. B.....

City of Baltimore, (No. 38 E Montgomery St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Banks

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: ..... years, 14 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Morris Bank

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ida Schaffer

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Bank

(Address) 38 E Montgomery st

Filed Jan 6 1907

PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 26 1906 to Jan 4 1907

that I last saw her alive on Jan. 4 1907,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Gastro-enteritis

about 2 weeks (DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) W D Booker M. D.

Jan. 4 1907 (Address) 2064 W. Monument St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Washington Rd

DATE OF BURIAL: Jan 6 1907

UNDERTAKER: Max Levinson

ADDRESS: 1138 Lowe St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B. 96895

CERTIFICATE OF DEATH.

(Place of Death.) No. 826 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pauline Rabinowich 15 y

{Residence, if in Baltimore, Give Street and Number.} 826 S Charles St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER David Rabinowich

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER H. L. Shroger

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel E. Rabinowich.

(Address) 826. S. Charles St.

Filed Jan 6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Jan 5 1907 that I last saw h alive on Jan 5 1907 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.) Bronchitis

(DURATION) 5 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Wm. Lowe M.D.

Address 131 E Lexington St

Date Jan 5 1907

Place of Burial Washington Rd

Date Jan 6 1907

Undertaker Max Levinson

Address 1132 Low st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96896

City of Baltimore, (No. 123 S. High St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Deena G. Hurwitz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January — 1828 (Month) (Day) (Year)

AGE: 79 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married.

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Aaron Mandelstam

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Not known.

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housekeeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Levi

(Address) 912 E. Lombard St

Filed Jan 6 1907

EDWARD C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 4 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 30 1906 to Jany 4 1907 that I last saw her alive on January 4 1907, and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Influenza.

(DURATION) 8 DAYS

Contributory Senility and Paralysis (DURATION) — DAYS

(Signed) M. Hirschman M. D.

Jany 5 1907 (Address) 900 E. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philip Rd Row | DATE OF BURIAL: June 6 1907

UNDERTAKER: Max Levinson | ADDRESS: 1138 Lou

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 96892 B 96897 Registered No. B

CERTIFICATE OF DEATH. 96897 9/2

(Place of Death.) No. 227 A Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Franz J. Haske

{Residence, if in Baltimore, Give Street and Number.} 227 A S Durham

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Haske

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Haske

(Address) 402 N. Regester

Filed Jan 6 1907

Registrar F.X.D.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1906

I HEREBY CERTIFY, That I attended deceased from Jan 3 1906 to Jan 5 1906

that I last saw him alive on Jan 5 1906,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Bronchorrhea

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Wm. L. Blades M.D.

Address 121 Jackson Place

Date 190

Place of Burial Holy Redeemer

Date Jan 7 1907

Undertaker Wendell Dorsey

Address 3308 Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

191

CERTIFICATE OF DEATH. 96898

Registered No. B .....

City of Baltimore, (No. 1703-10th St.; 15 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Maria Phillips.

PERSONAL AND STATISTICAL PARTICULARS

SEX F.

COLOR Wh.

DATE OF BIRTH July (Month) 24 (Day) 1857 Year

AGE 49 years, 5 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jno. Emory Burbage

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Mary Slator

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Woman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Husband.

(Address) J. C. Phillips. 1703-10th St.

Filed Jan 6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Jan 4 1907

that I last saw h.. alive on 1-4 1907,

and that death occurred, on the date stated above, at 11.30 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Apoplexy.

(DURATION) 1½ DAYS

Contributory Myocarditis.

above (DURATION) 90 DAYS

(Signed) C. S. Parker M. D.

1-4 1907 (Address) 3111 W Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL Jan 7 1907

UNDERTAKER Armstrong & Berry Co — ADDRESS 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 Registered No. B 96899

CERTIFICATE OF DEATH.

(Place of Death.) No. 1915 Ausquith St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alldine Blackwell

{ Residence, if in Baltimore, Give Street and Number. } 1915 Ausquith St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Girl | COLOR Black

DATE OF BIRTH 1

AGE ..... years, 23 months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Butte

FULL NAME OF FATHER William Hammond

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Eleanor Blackwell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eleanor P. Blackwell

(Address) 1915 Ausquith st

Filed Jan 6th 1907 J. X. D. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 ..... ,

and that death occurred, on the date stated above, at 9 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Fred K Carnell M.D.

Address Coroners Office

Date Jan 4-07 190

Place of Burial Laurel Cemetery

Date Jan 6 1907

Undertaker R. A. E. Watts

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

96990

Ward 9

Registered No. B 96900

924

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 Thompson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary R. Dell

{Residence, if in Baltimore, Give Street and Number.} 616 Thompson Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 6 1905

AGE 1 years, 2 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER J Norwood Dell

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Sadie G. Toal

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Norwood Dell

(Address) 616 Thompson Ave

Filed Jan 6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 4 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1906 to Jany 4, 1907 that I last saw h[er] alive on " 3 1907, and that death occurred, on the date stated above, at 7.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Catarrhal Pneumonia

(DURATION) 10 DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Wm. A. Stoltman M.D.

Address 1121 N. Caroline St,

Date Jany 4. 1907 1907

Place of Burial Loudon Park Cemetery

Date January 6th 1907

Undertaker Coates & Spence

Address 118-20 W. Mt. Royal

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 96901 *Registered No.* **B** 96901

9 27 V

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Priscilla Addison.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 75 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Home Keeper	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed Jan 6 1907 J. L. L. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 4 1907

I HEREBY CERTIFY, That I attended deceased from Sept 27 1906 to Jan 4 1907 that I last saw her alive on Jan 4 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (~~Secondary~~ or Immediate.)

Bronchopneumonia

(DURATION) DAYS

Con'tributory (Primary) Arteriosclerosis

Chronic nephritis (DURATION) DAYS

(Signed) Horace B. Nicholson M.D.

Address Bay View Hospital

Date Jan 6 1907

Place of Burial Sacred Heart

Date Jany 6 1907

Undertaker Evans & Spence

Address 1184 & 1220 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 9690[illegible] V

Registered No. B 96902 41 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilson Williams

{Residence, if in Baltimore, Give Street and Number.} 2114 Cook St.

Duration of Residence in Baltimore. 15 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ...1...

AGE: 64 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: Wilson Williams

BIRTHPLACE OF FATHER (State or country): Richmond Va

MAIDEN NAME OF MOTHER: Elizabeth Collins

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilson Williams

(Address) 812 Union (illegible)

Filed Jan 6th 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5th 1907.

I HEREBY CERTIFY, That I attended deceased from 12-26-06 1906 to 1-5-1907.

that I last saw h[illegible] alive on 1-5-1907,

and that death occurred, on the date stated above, at 5:00 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) 7 DAYS.

Contributory (Primary.) Cancer Cervix

(DURATION) 90 DAYS

(Signed) H. C. Branham M.D.

Address Franklin Square Hospital

Date January 5th, 1907.

Place of Burial Richmond Va

Date Jan 6 1907

Undertaker W. B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7th 96903

Registered No. B 96903

431

CERTIFICATE OF DEATH.

(Place of Death.) No. 816 W Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Addie Andrews

{ Residence, if in Baltimore, Give Street and Number. } 818 W. Hamburg St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 22 1866

AGE 40 years, 10 months, 13 days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER David S. Andrews.

BIRTHPLACE OF FATHER (State or country) Montgomery Co

MAIDEN NAME OF MOTHER Anna Galloway

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E Fuller

(Address) 816 Hamburg St

Filed Jan 6 1907 T X J Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1907

I HEREBY CERTIFY, That I attended deceased from Dec 4 1906 to Jan 4 1907 that I last saw h.r alive on Jan 2 1907, and that death occurred, on the date stated above, at 1a M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 2 DAYS

Contributory (Primary) Carcinoma of Breast (DURATION) 8 Years

(Signed) Harry Cook M.D.

Address 602 Columbia

Date Jan 4 1907

Place of Burial Baltimore Cem

Date Jan 1907

Undertaker J R Cook

Address 1003 W Baltimore

Wm. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 3 96904 Registered No. B 96904 64 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Leopold Hofer

{Residence, if in Baltimore, Give Street and Number.} Spring & Bond Sts.

Duration of Residence in Baltimore. 55 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 4th 1829

AGE: 77 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Michael Hofer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Hofer

(Address) 1001 E. Lombard St.

Filed Jan 6 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 5 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 1906 to Jan 5 1907 that I last saw h... alive on Jan 5 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) DAYS

Contributory (Primary.) Apoplexy

(DURATION) DAYS

(Signed) Geo. H. Fluegel M.D.

Address St. Josephs Hospital

Date Jan 5 1907.

Place of Burial Mount Carmel Cemetery

Date Jan. 8th 1907

Undertaker Germanus Grance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 96905 — Registered No. B 96905

CERTIFICATE OF DEATH.

(Place of Death.) No. 1335 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Mary Ball

{Residence, if in Baltimore, Give Street and Number.} 1335 W Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 8, 1883

AGE: 23 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John E. Hoffman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Brender

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Hoffman

(Address) 425 S. Schroeder

Filed Jan 6th 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 4, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 11, 1906 to Jany 4 1907 that I last saw her alive on Jany 4 1907, and that death occurred, on the date stated above, at 10.55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 10 Months DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. Murrell M.D.

Address 1315 Hollins St.

Date January 5 1907.

Place of Burial Loudon Park

Date Jan 7th 1907

Undertaker N. S. Finch

Address 2113 E Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 V

Registered No. B 96906

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 42 E. Montgomery St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmer C. Schroder

{ Residence, if in Baltimore, Give Street and Number. } 426 E. Montgomery

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 11 1882

AGE 24 years, 9 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Francis Schroder

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Ann Reinstein

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Schroder

(Address) 42 Montgomery St

Filed Jan 6 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 3" 1907

I HEREBY CERTIFY, That I attended deceased from July 10" 1906 to Jany 3" 1907

that I last saw him alive on Jany 3" 1907

and that death occurred, on the date stated above, at 5:15 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Herbert Danke M.D.

Address 1228 E. Eldorado St

Date Jany 4" 1907

Place of Burial Mt Olivet Cem

Date January 6 1907

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

4

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

45 ✓

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96907

City of Baltimore, (No. 222, N. Greene St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME J. Franklin Langdon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan. (Month) 26 (Day) 1858 (Year)

AGE: 48 years, 11 months, 23 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jas. Ed. Langdon

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Gaisey

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Produce Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella C. Langdon

(Address) 222 N. Greene St.

Filed Jan 6 1907 JXW Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 3 1907

that I last saw h[illegible] alive on Jan 2 1907,

and that death occurred, on the date stated above, at 11.45 P. M. The CAUSE OF DEATH was as follows:

Hemorrhages Ontural

about 10 weeks (DURATION) DAYS

Contributory Carcinoma Stomach

Chest. (3 years (DURATION) DAYS

(Signed) Wm. Grant M. D.

Jan. 3 1907 (Address) 2104 N. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Jan. 7 1907
UNDERTAKER	ADDRESS
Chas. E. Franck	746 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 — Registered No. B 96903

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 1400 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Ross

{Residence, if in Baltimore, Give Street and Number.} Aged Men's Home

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht

DATE OF BIRTH Unknown 1

AGE 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Inverness Scotland

FULL NAME OF FATHER James Ross

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Betsy Gray

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ch. Asst Supt

(Address) Home

Filed Jan 6 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Jan 5 1907

that I last saw h— alive on Jan 4 1907,

and that death occurred, on the date stated above, at 8 ex M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.) Coma

(DURATION) 1 DAYS

(Signed) W. Howard M.D.

Address 139 W Fayette St

Date Jan 5 1907

Place of Burial Govans prespt Cemetery

Date January 7th 1907

Undertaker William H. Higdon

Address 851 Lindenlane

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

Registered No. B 96989

CERTIFICATE OF DEATH.

(Place of Death.) No. 1639 N. Fulton av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. H. Reed

{Residence, if in Baltimore, Give Street and Number.} 1639 N. Fulton Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan. 28th 1845

AGE: 61 years, 11 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jacob Reed

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Julia Ulmer

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: ~~Organizer Hydraulics~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Reed

(Address) 1639 N. Fulton Av.

Filed Jan 6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 4th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

died suddenly (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Alex Barnum M.D.

Address 700 Laf. av. (Coroner)

Date Jan. 5th 1907

Place of Burial Loudon Park Cem.

Date Sunday Jan 6 1907

Undertaker G F Walker

Address 723 N Gayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 Registered No. B 96910

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1117 N Carrollton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William J. W. Lamb

{Residence, if in Baltimore, Give Street and Number.} 1117 N Carrollton ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: May 12th 1905

AGE: 1 years, 7 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Wm Lamb

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Louisa Wickham

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Lamb

(Address) 1117 N. Carrollton ave

Filed Jan 8th 1907 J X S Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 4th 1906

I HEREBY CERTIFY, That I attended deceased from Jany 4 1906 to Jany 4 1906 that I last saw him alive on Jany 4 1906, and that death occurred, on the date stated above, at 4.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) C F Davis M.D.

Address 922 N Carrollton ave

Date Jany 4th 1906

Place of Burial London Park Cem

Date January 6th 1907

Undertaker G. F. Walter

Address 723 W Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96911

Ward 14

Registered No. B 96911

78 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1835 Madison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Oliver F. Lantz

{Residence, if in Baltimore, Give Street and Number.} 1835 Madison ave

Duration of Residence in Baltimore. 60 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 20th 1828

AGE 78 years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Leitersburg Md.

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Flour & Grain Merch

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis J. Lederer

(Address) 1835 Madison Ave

Filed Jan 6th 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 5th 1907.

I HEREBY CERTIFY, That I attended deceased from Dec 17th 1906 to Jany 5th 1907 that I last saw him alive on Jany 4th 1907, and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis (DURATION) 60 DAYS

Contributory (Primary.) Cardiac Weakness (DURATION) 365 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 N Monroe Ave

Date Balto Jany 5th 1907

Place of Burial Greenmount Cem

Date Jany 7th 1907

Undertaker G. F. Aleker

Address 723 N. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward V 96912 Registered No. B 96912

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 S. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Kowalski

{Residence, if in Baltimore, Give Street and Number.} # 710 S. Regester St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 30 " 1906

AGE: ..... years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Poss Christy Miss

FULL NAME OF FATHER: Joseph Kowalski

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Mary Antich

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kowalski

(Address) 710 S. Regester St

Filed Jan 6th 1907 2709 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 5th, 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 3 1907 to Jan. 5 1907 that I last saw h im alive on Jan. 4 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Aliceanna St.

Date Jan. 6th, 1907

Place of Burial Holy Rosary.

Date Monday Jany 7 " 1907

Undertaker M F. Dudowski

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 X 96913 Registered No. B 96913

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick J. Doyle

{Residence, if in Baltimore, Give Street and Number.} Georgetown South Carolina

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1857

AGE: 50 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Michigan

FULL NAME OF FATHER: Patrick Doyle

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Gary

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Jan 6th 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1907

I HEREBY CERTIFY, That I attended deceased from Nov 6 1906 to Jan 6 1907 that I last saw him alive on Jan 6 1907, and that death occurred, on the date stated above, at 2.35 A.M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis : Chronic Nephritis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Solomon Strouse M.D.

Address Johns Hopkins Hospital

Date Jan 6 1907

Place of Burial Geo. Town South Carolina

Date Jan 6 1907

Undertaker Wm. C. Fry, for Fuller

Address 921 E. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 10 Registered No. B 96914

CERTIFICATE OF DEATH.

(Place of Death.) No. 223 N. Monford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Strubin

{Residence, if in Baltimore, Give Street and Number.} 223 N. Monford ave

Duration of Residence in Baltimore. 3 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: John Marsat

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Strubin

(Address) 223 N. Monford ave

Filed Jan 6th 1907 FXL Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 5 1907

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Jan 4 1907

that I last saw her alive on " " 1907

and that death occurred, on the date stated above, at 3.30 A M. CAUSE OF DEATH (Secondary or Immediate

(DURATION) DATE

Contributory (Primary.)

Bronchial Pneumonia (DURATION) 7 DATE

(Signed) J. H. Collenberg M.D.

Address 1810 E. Baltimore St

Date Jan 6 1907

Place of Burial Holy Redeemer

Date Jan 7 1907

Undertaker Frank Enoch

Address 1907 Ashland Ave

V

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ALTH DEPARTMENT, City of Baltimore.

Ward 8 — 96915 — Registered No. B 96915

CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 N Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vincent Koran

{Residence, if in Baltimore, Give Street and Number.} 1102 N. Bradford

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH ~~Dec~~ 12 — 22 1906

AGE ..... years, ... months 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Koran

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Frantiska Zaro

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Koran

(Address) 1102 N Bradford St.

Filed Jan 6 190 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan 5 1907 to Jan 6 — 1907 that I last saw him alive on ... 190... and that death occurred, on the date stated above, at 7 a m. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

(DURATION) 2 DAYS

Contributory (Primary.) Toxic Asthenia (DURATION) DAYS

(Signed) William J. Reynolds M.D.

Address 2008 Ashland Ave

Date 1 — 6 — 1907

Place of Burial Dark Hill

Date Jan 7 1907

Undertaker Frank Enoch

Address 1914 Ashland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 96916 Registered No. B 96916

CERTIFICATE OF DEATH.

119 ✓

(Place of Death.) No. Union Station Balto Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Mosby

{Residence, if in Baltimore, Give Street and Number.} Non-resident

Duration of Residence in Baltimore. ———

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1884

AGE 23 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Drew Bibins

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Nancy West

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Bivins

(Address) 1517 Vine St

Filed Jan 6th 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4, 1907

I HEREBY CERTIFY, That I attended deceased from Sudden to death 190

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) —— DAYS

Contributory (Primary.)

(DURATION) —— DAYS

(Signed) Benj. D. Hayden M.D.

Address 216 N. Carolina St

Date Jan. 6 1907

Place of Burial Cedar View Wharf Accomac Co Va.

Date January 6 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 17 96912 Registered No. B 96912

CERTIFICATE OF DEATH.

(Place of Death.) No. 518 Pine St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E. Kiler.

{Residence, if in Baltimore, Give Street and Number.} 518 Pine St.

Duration of Residence in Baltimore. 24 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: unknown

AGE: 44 years, ~ months, ~ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Joseph Kiler.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lucretia Patterson.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kiler

(Address) 518 Pine St

Filed Jan 8th 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/2. 1907

I HEREBY CERTIFY, That I attended deceased from 12/10 1906 to 1/1 1907 that I last saw him alive on 1/1 1907 and that death occurred, on the date stated above, at 6-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bronchitis, + Pul Monary Hemorrhage - non tubercular, likely due to Arteriosclerosis. (DURATION) 28 DAYS

Con'tributory (Primary.) Hemorrhage (DURATION) ... DAYS

(Signed) L. E. Conradi. M.D.

Address 609 W. Franklin St

Date 1-8-07. 1907

Place of Burial Mt Auburn

Date Jan 6 1907

Undertaker Jno. H. Treadwell

Address 142 Woodlawn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 B 96918 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 804 Hanover alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Gianghi

{ Residence, if in Baltimore, Give Street and Number. } 804 Hanover

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Jan 5 1906

AGE: ..... years, ... months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Gianghi

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Isabella Gianghi

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Ragueseo

(Address) 823 Eastern Ave

Filed 1/6/ 1907 HARRY G. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1907

I HEREBY CERTIFY, That I attended deceased from Jan 5 1906 to Jan 5 1907 that I last saw h.. alive on Jan 5 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pulm

Premature Birth (Fem

(DURATION) 1 hr DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. J. Valentino M.D.

Address 16 S Bentley

Date Jan 5 1907

Place of Burial Holy Rosary Cem

Date Jan 6 1907

Undertaker Trudell Lippel & Son

Address 330 S. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96919

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 612 Payson — St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Mc. Ross

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: October 29th 1901 (Month) (Day) (Year)

AGE: 5 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George Wm Ross

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Stella Keyser

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo M Ross

(Address) 612 N. Payson St

Filed 1/6/1907

HARRY O. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 5th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 28th 1906 to Jan 5th 1907 that I last saw her alive on 5 Jan 1907, and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Diphtheria

(DURATION) 6 DAYS

Contributory Membranous Croup

6 hours (DURATION) — DAYS

(Signed) John F. Mangen M. D.

Jan 6 1907 (Address) 1032 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
[illegible] Cemetery	Jan 7 1907
UNDERTAKER	ADDRESS
Arnold Gaston & Son	Elliott City

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

96920 Registered No. B 96920

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 Leland St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Griffin

{ Residence, if in Baltimore, Give Street and Number. } 715 Leland

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: 18[illegible]3

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mattie Griffin

(Address) 135 Stockton St

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 31st 1907 to Jan 6 1907

that I last saw h[illegible] alive on Jan 6 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 6 DAYS

Contributory (Primary.) Stomach

(DURATION) 5 DAYS

(Signed) C. K. Stone M.D.

Address 714 E Lanvale St

Date Jan 6th 1907

Place of Burial Mt Olivet Cem

Date January 7 1907

Undertaker Harry W. Glass

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 — 96921 — Registered No. B 96921

CERTIFICATE OF DEATH.

(Place of Death.) No. 1614 Riggs Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Simpson

{Residence, if in Baltimore, Give Street and Number.} 1614 Riggs Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female / Male — COLOR Col

DATE OF BIRTH 1840

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) ~~Md~~ Va

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Minor

(Address) 422 Orchard

Filed 1/7/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to Jan 1907 that I last saw her alive on Jan 2 1907 and that death occurred, on the date stated above, at 2.50 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of uterus

Two years (DURATION) ... DAYS

Con'ributory (Primary.)

(DURATION) ... DAYS

(Signed) I L Hutchins M.D.

Address 202 Druid Hill Ave

Date Jan 5 1907

Place of Burial Laurel Cem

Date January 7 1907

Undertaker Samuel H Evans

Address 911 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 96922 Registered No. B 96922

CERTIFICATE OF DEATH. 91V

(Place of Death.) No. 1517 Race St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Carr.

{Residence, if in Baltimore, Give Street and Number.} 1517 Race St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX White | COLOR Female

DATE OF BIRTH Nov. 9th 1855

AGE 51 years, 1 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) New Jersey

FULL NAME OF FATHER Israel Mick

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Nancy Brand

BIRTHPLACE OF MOTHER (State or country) New Jersey

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie L. Schaefer

(Address) Overlea Balto Co.

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to Jan 5 1907

that I last saw h.r alive on Jan 5 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Chronic Bronchitis (DURATION) Indefinite DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Harlem Ave

Date June 6 1907

Place of Burial Cedar Hill

Date Jan. 8th 1907

Undertaker Mr. & Mrs. John W. Teufel

Address Cor. Fayette & Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 96923 Registered No. B 96923

CERTIFICATE OF DEATH.

(Place of Death.) No. Camden Station St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Price

{ Residence, if in Baltimore, Give Street and Number. } 558 N. Bidde St.

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Cd

DATE OF BIRTH 1

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Price

(Address) 558 W Biddle

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5th 1907

I HEREBY CERTIFY, That I attended deceased from As before 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

Sudden (DURATION) DAYS

(Signed) J. D. Lehtach (crowner) M.D.

Address 211 N. Lanvale

Date 1. 5. 1907

Place of Burial Washington DC

Date Jan 7th 1907

Undertaker Alex Kemsley

Address 578 W Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 96924 — Registered No. B 96924

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Cowell

{Residence, if in Baltimore, Give Street and Number.} 908 W. Saratoga St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: B.

DATE OF BIRTH: 1

AGE: 13 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S—

BIRTHPLACE (State or country): Md—

FULL NAME OF FATHER: James Sewell Md

BIRTHPLACE OF FATHER (State or country): V. A.

MAIDEN NAME OF MOTHER: Dobrow

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Sewell

(Address) 908 W Saratoga St

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 4 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 16 1906 to Jan. 4 1907

that I last saw h[illegible] alive on Jan. 4 1907

and that death occurred, on the date stated above, at [illegible] A. M. CAUSE OF DEATH (Secondary or Immediate)

Saccong of Kidney (Uremia - Following Operation for removal)

(DURATION) ... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) — DAYS

(Signed) W.A. Dorsey M.D.

Address City Hospital

Date January 4 1907

Place of Burial Laurel Cemetery

Date January 7 1907

Undertaker Alex H Ennsley

Address 578 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 96925 — Registered No. B 96925

CERTIFICATE OF DEATH.

(Place of Death.) No. 1107 Riviera Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie V. Fogler

{Residence, if in Baltimore, Give Street and Number.} 1107 Riviera Ave

Duration of Residence in Baltimore. Sixteen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 21 29 1876

AGE: 30 years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Isaac Dixon

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary A. Rogers

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert B. Fogler

(Address) 1107 Riviera Ave

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Jan 4 1907 that I last saw h[illegible] alive on Jan 4 1907 and that death occurred, on the date stated above, at 12

11. CAUSE OF DEATH (Secondary or Immediate.)

Puerperal Sepsis after Labor

(DURATION) 3 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 835 Linden Ave

Date 1/6 1907

Place of Burial Baltimore Cemetery

Date January 7th 1907

Undertaker William H. Higdon

Address 851 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 3

96926

Registered No. B 96926

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Jackson

{ Residence, if in Baltimore, Give Street and Number. } 207 S. Spring St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 27 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): D.C.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Harris

(Address) 207 S. Spring St

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 4 1907

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to Jan 4 1907

that I last saw h[illegible] alive on Jan 4 1907

and that death occurred, on the date stated above, at 5:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) W. MacCallum M.D.

Address Johns Hopkins Hosp.

Date Jan 4 1907

Place of Burial Asbury

Date January 7 1906

Undertaker W. J. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

96927 Registered No. B 96927

1517

CERTIFICATE OF DEATH.

(Place of Death.) No. 1156 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Kalb

{Residence, if in Baltimore, Give Street and Number.} 1156 Columbia Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Kalb

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie Carraghue

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Stields

(Address) 1200 W. Lombard

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1907

I HEREBY CERTIFY, That I attended deceased from Jan 5 1907 to Jan 6 1907 that I last saw h.. alive on Jan 5 1907 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

DURATION 5 hrs

Contributory (Primary.) Debility

DURATION 5 hrs

(Signed) H Fancy Boyd M.D.

Address 602 Columbia

Date Jan 6 1907

Place of Burial St Peters

Date Jan 6th 1907

Undertaker John Stields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — Registered No. B 96928 — 96928

CERTIFICATE OF DEATH.

(Place of Death.) No. 638 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sonnie Upshur

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): dont no

FULL NAME OF FATHER: dont no

BIRTHPLACE OF FATHER (State or country): dont no

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): dont no

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mathews Jennifer

(Address) 1004 Eutaw st

Filed 1/7 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 5-7 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 1245 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Sick 4 mos (DURATION) DAYS

(Signed) J. D. Ghotard M.D.

Address 211 N. Lanvale

Date 1.5-7 1907

Place of Burial national cemetery

Date Jan 7 1907

Undertaker John H Goodman

Address 142 N Hill st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 16

Registered No. B 96929

96929

CERTIFICATE OF DEATH.

74V

(Place of Death.) No. 800 Appleton St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Potts

{Residence, if in Baltimore, Give Street and Number:} 800 Appleton St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sep 22 1837

AGE: 69 years, 3 months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Robert Potts

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Rachael Feathers

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary J Potts

(Address) 800 Appleton St

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4th 1907

I HEREBY CERTIFY, That I attended deceased from June 1904 to Jan 3d 1907

that I last saw h[illegible] alive on Jan 3d 1907

and that death occurred, on the date stated above, at 30 a m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) C K. Jumpe M.D.

Address 1416 Madison ave

Date Jan 4th 1907

Place of Burial Baltimore Cemetery

Date January 7 1907

Undertaker C. H. Blizzard

Address 1119 Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

96930

Ward..... 96930 *Registered No. B*.....

CERTIFICATE OF DEATH.

1 20 V

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Kane

{ *Residence, if in Baltimore, Give Street and Number.* }.....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: July 15 1860	
AGE: 46 years, 6 months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower	
BIRTHPLACE (State or country): Ireland.	
FULL NAME OF FATHER: Thos. J. Kane	
BIRTHPLACE OF FATHER (State or country): Ireland.	
MAIDEN NAME OF MOTHER: Mary Mulkern	
BIRTHPLACE OF MOTHER (State or country): Ireland.	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 5 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Jan 5 1907 that I last saw h in alive on Jan 5 1907, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffuse Nephritis,

(DURATION) ..... DAYS

Con'ributory (Primary.) Acute dilitation of heart

(DURATION) ..... DAYS

(Signed) Morrell Mackenzie M.D.

Address Bay View Hospital

Date Jan 5 1907.

Place of Burial Holy Cross Cem.

Date January 8 1907

Undertaker John. A. Moran

Address Bank - ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 96931 — Registered No. B 96931

CERTIFICATE OF DEATH.

(Place of Death.) No. 1811 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur S. Adams.

{ Residence, if in Baltimore, Give Street and Number. } 1811 Hanover St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH May 10 18 74

AGE 32 years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Theodore Adams

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary T. Schultz

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Mat Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Adams (Brother)

(Address) 1811 Hanover St

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h ..... alive on ..... 190 ....

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

Heart failure

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H. M. Reinhardt M.D.

Address Coroner

Date January 7 1907

Place of Burial Cedar Hill

Date Jan 7th 1907

Undertaker Jas. Shrumbleck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — 96932 — Registered No. B 96932

CERTIFICATE OF DEATH.

(Place of Death.) No. 1906 St Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin E. Beard

{Residence, if in Baltimore, Give Street and Number.} 1906 St Charles St

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 10" 1871

AGE 35 years, — months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Obadiah Beard

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Mary E. Brumbaugh

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml. Lowry

(Address) 1906 St Charles St

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4" 1907

I HEREBY CERTIFY, That I attended deceased from Dec 7 1906 to Jan 4" 1907

that I last saw h[illegible] alive on Jan 4" 1907

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 3 DAYS

Contributory (Primary.) Acute Pleurisy (DURATION) 28 DAYS

(Signed) R. E. K. Campbell M.D.

Address 1644 Hanover St

Date Jan 4" 1907

Place of Burial Cedar Hill

Date Jan 7th 1907

Undertaker Jos. Stumtebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7K

96933 Registered No. B 96933

92 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1829 Belr Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Shirden

{Residence, if in Baltimore, Give Street and Number.} 1829 Belr ave

Duration of Residence in Baltimore. 46 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1841

AGE 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Grady

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridgit Mitchell

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michel James Rafferty

(Address) 1843 Belt ave

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Jan 4 1907 that I last saw h.er alive on Jan 4 1907 and that death occurred, on the date stated above, at 12.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Jules Stifler M.D.

Address 1409 Light St

Date Jan 8th 1907

Place of Burial Holy Cross

Date Jan 8 1907

Undertaker Jos. Stamter

Address 818 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

96934

V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

134 ✓

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96934

Registered No. B.....

City of Baltimore, (No. 1107 S. Broadway St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie Sewell

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Nov (Month) 20th (Day) 1868 (Year)

AGE: 38 years, -1 months, +5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ferd. Hahn

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Selma Scheld

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Sewell

(Address) S.E. Cor. Monroe & Harlem Ave

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 4th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1907 to Jan 4th 1907 that I last saw her alive on Jan 4th 1907, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Anemia due to rupture of tube and shock.

(DURATION) ..... DAYS

Contributory Extra Uterine Pregnancy of right tube (DURATION) ..... DAYS

(Signed) A. V. Zimmerman M.D.

Jan 5th 1907 (Address) 1805 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1901 Hurl How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Jan 8 1907

UNDERTAKER: Wm J. Ficker & Sons | ADDRESS: 425 N Eden

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

B 96936 Registered No. B 96936

CERTIFICATE OF DEATH.

1767

(Place of Death.) No. 722 W Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Ringrose

{Residence, if in Baltimore, Give Street and Number.} 722 W Baltimore

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 6 1907

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John H. Ringrose

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Lizzie Kelly

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Ringrose

(Address) 722 W. Baltimore St

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 6 1907 to Jan 6 1907 that I last saw him alive on Jan 6 1907, and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Laryngitis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Edw Gundrum M.D.

Address 517 Gunther Ave

Date Jan 7 1907

Place of Burial Western Cem

Date January 7 1907

Undertaker Wm J Tiekner & Sons

Address 425 W. Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 B96935 Registered No. B ....

CERTIFICATE OF DEATH. 96935

(Place of Death.) No. 1004 Warner St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Hasselman

{ Residence, if in Baltimore, Give Street and Number. } 1004 Warner St

Duration of Residence in Baltimore. about 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 1 1827

AGE: 80 years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Hasselman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm L Ly

(Address) 1004 Warner St

Filed 1/7 1907 [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5th, 1907

I HEREBY CERTIFY, That I attended deceased from December 1 1906 to January 5, 1907 that I last saw him alive on January 3, 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia, with dropsy of extremities.

(DURATION) 28 DAYS

Contributory (Primary.) Senility.

(DURATION) 90 DAYS

(Signed) C. W. S. Rohrer. M.D.

Address 114 W. Franklin St., Balto.

Date January 6th, 1907.

Place of Burial Loudon Park

Date Mon. Jan 7 1907

Undertaker Wm J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 — 96937 — Registered No. B 96937

CERTIFICATE OF DEATH.

(Place of Death.) No. 1717 Carlisle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lulu Cross

{Residence, if in Baltimore, Give Street and Number.} 1717. Carlisle St

Duration of Residence in Baltimore. 3 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white.

DATE OF BIRTH: Nov 16 1894

AGE: 12 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John A Cross

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Newman

BIRTHPLACE OF MOTHER (State or country): Germany City Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J. Cross

(Address) 1717 Carlisle St

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Jan 6 1907

that I last saw h[illegible] alive on Jan 5 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. B. Jamison M.D.

Address 1257 N Broadway

Date January 7 1907

Place of Burial Baltimore County

Date Jany 8 1907

Undertaker Robt J Turner

Address Bray & Dean

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 — 96938 — Registered No. B 96938 6 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 1417 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Blanche Emmerich

{Residence, if in Baltimore, Give Street and Number.} 1417 W Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 30 1906

AGE — years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER L A Emmerich

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Ellen J Kelly

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L A Emmerich

(Address) 1417 W. Lombard st.

Filed 1/7 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 5 - 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Jan 5 1907 that I last saw her alive on Jan 4 1907, and that death occurred, on the date stated above, at 7.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 5 DAYS

Contributory (Primary.)

Convulsions (DURATION) 3 DAYS

(Signed) Edw Emmerich M.D.

Address 517 Lenox

Date Jan 6 - 1907

Place of Burial Loudan Park.

Date January 7 1907

Undertaker E Madison Mitchell

Address 1201 W. Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 B 96939 Registered No. B 96939

CERTIFICATE OF DEATH.

61 V

(Place of Death.) No. 1418 Harlem ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ormond Wilson Hammond

{Residence, if in Baltimore, Give Street and Number.} 1418 Harlem ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 21st 1883

AGE 23 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Staunton Va

FULL NAME OF FATHER Ormond W. Hammond

BIRTHPLACE OF FATHER (State or country) Fred Co. Md

MAIDEN NAME OF MOTHER Adelaide S Martin

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Scholar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O W Hammond

(Address) 1418 Harlem ave

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 30 1906 to January 5 1907

that I last saw him alive on January 5 1907

and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 3 DAYS

Contributory (Primary.) Meningitis

6 weeks (DURATION) DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins ave

Date January 7th 1907

Place of Burial Loudon Park

Date January 8 1907

Undertaker E Madison Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***cause and date of death.***

...HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 96940 — Registered No. B 96940

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1567 Clifton St — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William A. Pletzer.

{Residence, if in Baltimore, Give Street and Number.} 1567 Clifton Ave

Duration of Residence in Baltimore. All of Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 15 1827

AGE: 79 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia U.S.

FULL NAME OF FATHER: John Pletzer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Ann Hancock

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Broom-maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Pletzer

(Address) 1527 N. Fremont St.

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 5th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 17 1906 to Jany 5 1907

that I last saw him alive on Jany 4 1907,

and that death occurred, on the date stated above, at noon.

CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) 4 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) 1 year

(Signed) Geo. C. Shannon M.D.

Address 1442 Presstman St

Date Jany 5th 1907

Place of Burial Loudon Park

Date Jan 7 1907

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 96941

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 738, Poller Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella R Tucker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: Feb (Month) 23 (Day) 1859 (Year)	
AGE: 47 years, 10 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	David Harris
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Mary Dell
BIRTHPLACE OF MOTHER (State or country)	Carroll Co Md
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Tucker

(Address) 738 Poller Ave

Filed 1/7/1907 HARRY G. ANDREWS, CITY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1906 to Jan 6th 1907

that I last saw h[illegible] alive on Jan 6th 1907,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Uremia Coma & D. Cardiac failure

(DURATION) 12 DAYS

Contributory Chronic Nephritis & organic Heart-disease (DURATION) 1 yr DAYS

(Signed) Wm H Feddeman M. D.

Jan 7 1907 (Address) 800 1st Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Mary's	Jan 8 1907
UNDERTAKER: A. S. Marshall	ADDRESS: 1353 Fell's Pt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — b 96942 — Registered No. B ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1424 E. Fayette St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Myerson

{Residence, if in Baltimore, Give Street and Number.} 1424 E Fayette St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 10 1905

AGE: 2 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Samuel Myerson

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Reva Lesensky.

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Myerson

(Address) 1424 E. Fayette st

Filed 1/7/1907 HARRY C. ANDREWS, REGISTRAR. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 15th 1906 to January 6 1907 that I last saw her alive on January 6 1907 and that death occurred, on the date stated above, at 9:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

"(Nephritis & Celulitis of neck)."

(DURATION) 3 DAYS

Contributory (Primary.) Scarlet Fever

(DURATION) 20 DAYS

(Signed) M. A. Weinberg M.D.

Address 18 Pearl St.

Date January 7th 1907

Place of Burial Bloom Rd Cemetery

Date Jan 7, 1907

Undertaker Mark Levinson

Address 1138 Law st

WM. J. C. DULANY CO., BALTIMORE.

T P.W.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 96943 — Registered No. B 96943

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 407 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Stanly

{Residence, if in Baltimore, Give Street and Number.} 407 N. Caroline St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH —— 1

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John W Mitchell

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Amanda Fisher

BIRTHPLACE OF MOTHER (State or country) Snow Hill Md

OCCUPATION OF DECEASED Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara W Stanley

(Address) 407 N Caroline st

Filed 1/7 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 — 1907

I HEREBY CERTIFY, That I attended deceased from Nov 20 — 1906 to Jan 5 — 1907 that I last saw h[illegible] alive on Jan 5 1907 and that death occurred, on the date stated above, at 5 — A. M. CAUSE OF DEATH (Secondary or Immediate)

Dothenia about 6 wks (DURATION) DAYS

Con'ributory (Primary.) Phthisis Pulmonal about 18 mo (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1344 Druid Hill Ave

Date Jan 6 1907

Place of Burial Asbury Cemetary

Date January 7 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 96944

96944

CERTIFICATE OF DEATH.

19 ✓

(Place of Death.) No. 1500 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. L. Summwalt

{Residence, if in Baltimore, Give Street and Number.} 1500 Jefferson St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 20 1841

AGE 65 years, 6 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER William L. Summwalt

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Catherine Rusk

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Ship Caulker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna J. Summwalt

(Address) 1500 Jefferson St

Filed 1/7 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5 — 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 20 — 1906 to Jan. 5 — 1907 that I last saw him alive on Jan. 3 — 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

Mitral Insufficiency

4 years (DURATION) ..... DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Carolina St.

Date January 6 1907

Place of Burial London Park

Date Jan 8. 1907

Undertaker Jo B Cook

Address 1003 Hillsdale St

✓

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 96945

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96945

City of Baltimore, (No. 1128 Calhoun St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Denton Meyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec (Month) 28 (Day) 1874 (Year)

AGE: 32 years, — months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Hilton Howard Co Md

FULL NAME OF FATHER: Jacob H. Meyer

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Rachel A. Gosnell

BIRTHPLACE OF MOTHER (State or country): Howard Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel A Meyer

(Address)

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 5th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apl. 1st 1905 to Jan. 5th 1907 that I last saw her alive on Dec. 4th 1906, and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) J. Zachary Jay Jr. M. D.

Jan. 6th 1907 (Address) 545 N. Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet | DATE OF BURIAL: Jan 8 1907

UNDERTAKER: Jos B Cook | ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 96946 — Registered No. B 96946

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name James A Jenkins

{Residence, if in Baltimore, Give Street and Number.} 1006 Hollins St

Duration of Residence in Baltimore. not known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Sept 1869

AGE: 37 years, 4 months, days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED: divorced

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: John Jenkins

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Grainer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM. Lamar Hollyday, Supt.

(Address)

Filed 1/7 1907 HARRY O. ANDREWS, PUBLIC CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 5 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 29 1906 to Jan 5 1907 that I last saw h[illegible] alive on Jan 5 1907, and that death occurred, on the date stated above, at 6.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Horace B. Nicholson M.D.

Address Bay View Hospl.

Date Jan. 6 1907

Place of Burial St Peters

Date Jan 8 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 96947 Registered No. B 96947

CERTIFICATE OF DEATH.

(Place of Death.) No. 303 S. ~~Fremont~~ Gilmore St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M. Habert

{Residence, if in Baltimore, Give Street and Number.} 303 S. ~~Fremont~~ Gilmore St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~July 6th~~ July 18th 1838 ~~1907~~

AGE 68 years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John Radniger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna M. Ewniger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Habert (Son)

(Address) 303 S. ~~Fremont St~~ Gilmore St

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~July 6th~~ 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1906 to ~~July 6th~~ 1907

that I last saw h~~er~~ alive on ~~July 5th~~ 1907,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ascites & Asthenia

(DURATION) 2 Wks

Contributory (Primary.) Cirrhosis Liver

(DURATION) 5 Mths

(Signed) Henry C. Ahle M.D.

Address 1203 W. Fayette St

Date ~~July 6th~~ 1907

Place of Burial Western

Date Jan 9 1907

Undertaker J. B. Cook

Address 1003 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 96948 — Registered No. B 96948

CERTIFICATE OF DEATH.

157 V

(Place of Death.) No. 139 N. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Virginia White

{Residence, if in Baltimore, Give Street and Number.} 139 N. Luzerne St

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: wht

DATE OF BIRTH: Nov 10 1903

AGE: 3 years, 1 months, 25 days (1903)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Philip C. White

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Nugent

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip C. White

(Address) 139 N. Luzerne St

Filed 1/7 1907 HARRY O. ANDREWS, PERKIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 5 1907

I HEREBY CERTIFY, That I attended deceased from Jany 4 1907 to Jany 5 1907

that I last saw h e alive on Jany 4 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

accidental burning

Partly one day (DURATION) DAYS

Con'ributory (Primary.) —

— (DURATION) — DAYS

(Signed) G Lane Tanneyhill M.D.

Address 1103 Madison ave

Date Jany 5 1907

Place of Burial Cathedral Cemetery

Date January 7 1907

Undertaker Wm C. Black

Address 22 N. Luzerne St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

Registered No. B 96949

CERTIFICATE OF DEATH.

(Place of Death.) No. 1114 Hanover — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James B. Ricaud

{Residence, if in Baltimore, Give Street and Number.} 514 E. 20th St Baltimore

Duration of Residence in Baltimore. 26 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 17 1852

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Kentlea, Md

FULL NAME OF FATHER: Lawrence M Ricaud

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie E Miller

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt W. Owens

(Address) 514 E 2nd st

Filed 1/7 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18 1906 to Jan 6 1907 that I last saw him alive on Jan 6 1907 and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Liver

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1114 Hanover St

Date January 6 1907

Place of Burial Rock Hall Kent Co

Date Jan 8 1907

Undertaker C A Weidefeld Jr

Address 213 Frumhout Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE. 96950

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96950

City of Baltimore, (No. 1626 Hartford Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John J Ford

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 7 6 21 (Month) (Day) 1907 Year)

AGE: 94 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto City md

FULL NAME OF FATHER: Christopher Ford

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Fannie Debrange

BIRTHPLACE OF MOTHER (State or country): Balto City Md

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John J Ford

(Address) 1626 Hartford ave

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 6 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 5 1906 to Jan 6 1907 that I last saw h alive on Jan 5 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

a Cute Pulmonary Phthisis and General Debility

Duration about 18 months (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) John Bauson M. D.

Jan 7 1907 (Address) 715 E 20 St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 8th 1907

UNDERTAKER: E A Wedefeldt

ADDRESS: 211 3 Drummond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96951

City of Baltimore, (No. Town of Good Shepherd for Colored St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jennie McGenty

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

AGE: 17 + 18 (approximate) years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Unknown Hartley

FULL NAME OF FATHER: Unknown Hartley

BIRTHPLACE OF FATHER (State or country): Unknown Hartley

MAIDEN NAME OF MOTHER: Unknown Hartley

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Inmate Town of Good Shepherd for Colored

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A H Garton M D

(Address)

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from December 5 1906 to 1906

that I last saw her alive on Jan 2 1907

and that death occurred, on the date stated above, at 4 M. The CAUSE OF DEATH was as follows:

Valv. Lesion of Heart, recent albumen
Mitr. Hurtg of Syphilis prior
to being committed to Institution
5 A.M. Jan 5 had Convulsion (DURATION) of
Dyspnea (Contributory) followed by a Convulsion
dur. which time pt. Died (DURATION) 4 Hrs DAYS

(Signed) A H Garton M. D.

Jan 5 1907 (Address) 1136 Lex St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: 623 Slating Ave. How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: Jan 8 1907

UNDERTAKER: M F Tallcott — ADDRESS: 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

The deceased was committed (about 9 months ago) to Town of Good Shepherd for Colored. Dr. was a previous history of Syphilis — also evidence of Val. Lesion of Heart & Nephritis. At 5 A.M. Jan 5 — had a Convulsion which lasted 4 hours & a convulsion Died 4 hours after

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1 V

96952

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1123, Woodyear St.; L- Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia A Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Black
DATE OF BIRTH	April 27 1872 (Month) (Day) (Year)
AGE	25 years, 8 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	George Forder
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Annie Adams
BIRTHPLACE OF MOTHER (State or country)	Housework
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia A Johnson

(Address) 1123 Woodyear St

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to June 4 1906

that I last saw her alive on June 4 1906,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 4 DAYS

Contributory Exhaustion

Heart Failure (DURATION) DAYS

(Signed) C R Davis M. D.

June 5 1906 (Address) 920 N Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	June 7 1906
UNDERTAKER	ADDRESS
John H Tondrin	1432 W. Mad

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96953

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 96953

Registered No. B

City of Baltimore, (No. 414 N. Carrollton Ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George W. Clotworthy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: April (Month) 20 (Day) 1843 (Year)
AGE: 63 years, 8 months, 17 days
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married
BIRTHPLACE (State or country): Baltimore
FULL NAME OF FATHER: Alexander Clotworthy
BIRTHPLACE OF FATHER (State or country): Ireland
MAIDEN NAME OF MOTHER: Elizabeth Peterson
BIRTHPLACE OF MOTHER (State or country): Ireland
OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Sue R. Clotworthy
(Address) 414 N. Carrollton Ave.

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 4 1907 to January 6 1907 that I last saw h[im] alive on January 6 1907, and that death occurred, on the date stated above, at 4.10 P. M. The CAUSE OF DEATH was as follows:

Intestinal Obstruction

(DURATION) 2 DAYS

Contributory Shock

(DURATION) DAYS

(Signed) H. G. Jeffers M. D.
Jan 7 1907 (Address) 413 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery
DATE OF BURIAL: Jany 9 1907
UNDERTAKER: Evans & Spence
ADDRESS: 18 Brownst. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

1/7

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 96954 Registered No. B 96954

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 323 E. 25th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marshall Duvall.

{Residence, if in Baltimore, Give Street and Number.} 323 E. 25th St.

Duration of Residence in Baltimore. 57 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: March 1840

AGE: 67 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Prince George's Co. Md.

FULL NAME OF FATHER: Jesse Duvall.

BIRTHPLACE OF FATHER (State or country): Prince George's Co. Md.

MAIDEN NAME OF MOTHER: Martha Beckett.

BIRTHPLACE OF MOTHER (State or country): Prince George's Co. Md.

OCCUPATION OF DECEASED: Contractor (Plaster).

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Rebecca Duvall

(Address) 323 East 25th St

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6th, 1907.

I HEREBY CERTIFY, That I attended deceased from January 2, 1907 to January 5 1907 that I last saw h pm alive on January 5 1907, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia.

(DURATION) 5 DAYS

Contributory (Primary.) Paralysis

respiration. (DURATION) 1 DAYS

(Signed) Hugh Forsythe M.D.

Address 424 E North Ave

Date Baltimore, January 6th 1907

Place of Burial Lauden Park Cemetery

Date January 9th 2 P.M. 1907

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 696955 Registered No. B

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. [illegible] St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name [illegible]

{ Residence, if in Baltimore, Give Street and Number. } [illegible]

Duration of Residence in Baltimore. [illegible]

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Male~~ Female

COLOR: White

DATE OF BIRTH: [illegible] 1

AGE: 60 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Godfrey Fifer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo R Fifer

(Address) 1619 Little Walsh St

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 6 1907

I HEREBY CERTIFY, That I attended deceased from March 14 1906 to Jan 6 1907 that I last saw h[illegible] alive on Jan 6 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Central Apoplexy

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Jany 6 1907

Place of Burial Baltimore Co

Date Jan 8 1907

Undertaker Wellman Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

96956

Registered No. B 96956

CERTIFICATE OF DEATH.

(Place of Death.) No. 1209 Jackson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie Hines

{Residence, if in Baltimore, Give Street and Number.} 1209 Jackson

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 3 1886

AGE: 20 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Edward Hines

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Kate Allen

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Sale Lady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph J. Hines

(Address) 1209 Jackson St

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 5 1907

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to Jan 5 1907

that I last saw h[illegible] alive on Jan 2 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tubercu[illegible]

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas J Bloss M.D.

Address 1522 N Bloom

Date Jan 6 1907

Place of Burial Cathedral Cem.

Date Jan 8 1907

Undertaker Wm Cook

Address 502 E Northave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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96957

HEALTH DEPARTMENT, CITY OF BALTIMORE.

1061

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96957

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1414 Linden Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William W. Howard

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Nathan Howard

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) J. Harris

(Address) 1414 Linden Ave

Filed 1/7 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 6 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Jany 6 1907

that I last saw him alive on Jany 6 1907,

and that death occurred, on the date stated above, at 5 40 P.M. The CAUSE OF DEATH was as follows:

Chronic Gastric Catarrh

of several Months (DURATION) DAYS

Contributory Arteria sclerosis

(DURATION) Years DAYS

(Signed) J. W. P. Bates M. D.

Jany 7 1907 (Address) 810 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jan 8 1907
UNDERTAKER	ADDRESS
Wendell Duffy & Son	3305 Bond St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward St Michaels — Registered No. B 93956

14?✓

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Lang

{Residence, if in Baltimore, Give Street and Number.} 904 Eastern Ave.

Duration of Residence in Baltimore. 30 yrs in City.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W.

DATE OF BIRTH 1

AGE 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lang

(Address) 904 Eastern Ave.

Filed 1/7 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 7 1907

I HEREBY CERTIFY, That I attended deceased from Jany 1 1907 to Jany 7 1907 that I last saw h im alive on Jany 6 1907, and that death occurred, on the date stated above, at 2.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Senile Gangrene of left leg.

(DURATION) 28 DAYS

Contributory (Primary.) Pulmonary oedema (DURATION) DAYS

(Signed) Victor F. Cullen M.D.

Address St Joseph's Hospital

Date Jany 7 1907

Place of Burial Holy Redeemer

Date Jan. 9th 1907

Undertaker Wendell Lippelt & Son

Address 530 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 96959 — Registered No. B 96959

CERTIFICATE OF DEATH.

14 ✓

(Place of Death.) No. 1433 Andre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Roslar

{Residence, if in Baltimore, Give Street and Number.} 1433 Andre St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 24 1906

AGE: — years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Michael Roslar

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katie Novacoski

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Roslar (father)

(Address) 1433 Andre St

Filed 1/7 1907

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5:30 a.m. CAUSE OF DEATH (Secondary or Immediate)

1. Mitral Insufficiency

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thos Mc Cleinland M.D.

Address Locust

Date January 7 1907

Place of Burial St Mary's

Date January 7 1907

Undertaker M. F. Duckworth

Address 905 S. Green St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

96960 Registered No. B 96960

CERTIFICATE OF DEATH.

(Place of Death.) No. 2102 St Paul St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Dare Tinsley

{Residence, if in Baltimore, Give Street and Number.} 2102 St Paul St

Duration of Residence in Baltimore. 31 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	white

DATE OF BIRTH July 26 1837

AGE 70 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Shepherdstown, Jefferson Co W. Va

FULL NAME OF FATHER Richard Parran

BIRTHPLACE OF FATHER (State or country) Calvert Co Maryland

MAIDEN NAME OF MOTHER Laura Morgan

BIRTHPLACE OF MOTHER (State or country) Jefferson Co. West Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander L Tinsley

(Address) 2102 St Paul St

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 5th 1907 to Jan. 5th 1907 that I last saw her alive on Jan. 5th 1907, and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe followed by Heart Failure. sudden.

(DURATION) 2 DAYS

Contributory (Primary.) La Grippe

(DURATION) 2 DAYS

(Signed) H. T. Reynolds M.D.

Address 2004 St. Paul St

Date Jan. 6th 1907

Place of Burial Shepherdstown W. Va

Date January 8" 1907

Undertaker Hy W. Jenkins Sons Co

Address 233 W. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19th 96961 Registered No. B 96961

CERTIFICATE OF DEATH.

(Place of Death.) No. 1619 McCulloh Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Juliana W. Born.

{ Residence, if in Baltimore, Give Street and Number. } Baltimore. 1619 McCulloh Street.

Duration of Residence in Baltimore. Her Birthplace - all her life. 66 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 20th Day of May 1840

AGE: 66 years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore City Md

FULL NAME OF FATHER: Anthony Born

BIRTHPLACE OF FATHER (State or country): Baltimore City. Md

MAIDEN NAME OF MOTHER: Eliza Ring.

BIRTHPLACE OF MOTHER (State or country): Baltimore City Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James W. McElroy

(Address) 1619 McCulloh Street.

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 6th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 28th 1906 to Jan 6th 1907 that I last saw h-- alive on Jan 6th 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Anaemia and Exhaustion as a result of following. Grippe and Pleurisy

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos. F. McCormick M.D.

Address 1421 Eutaw Place

Date Jan 6. 1907 1907

Place of Burial New Cathedral Cem

Date January 9th 1907

Undertaker New Jenkins Undertaking Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

96962 Registered No. B 96962

CERTIFICATE OF DEATH.

(Place of Death.) No. 829 Waterst St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Hall

{Residence, if in Baltimore, Give Street and Number.} 829 Waterst st

Duration of Residence in Baltimore. Seven years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Hall

(Address) 829 Waterst st

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 4th 1907

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

Seven mos (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address Two Laf. Av. (County)

Date Jan. 5th 1907

Place of Burial COLLEGE OF P. & S

Date COLLEGE OF P. & S JAN 7 - 1907 190.....

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

207

Ward 9

96903 Registered No. B 96903

93 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Houston

{ Residence, if in Baltimore, Give Street and Number. } 246 E Spring St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Alabama

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 3 1907

I HEREBY CERTIFY, That I attended deceased from Dec 29 1906 to Jan 3 1907

that I last saw him alive on Jan 2 1906

and that death occurred, on the date stated above, at 5:35 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. G. Macallum M.D.

Address Johns Hopkins Hospital

Date Jan 3 1906

Place JOHNS HOPKINS HOSPITAL

Date JAN 7- 1907 1907

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

308

Ward 7

B96964

Registered No. B 96964

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. 203 Scott St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Linton

{Residence, if in Baltimore, Give Street and Number.} 203 Scott St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH May 14 1

AGE 67 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER William Linton

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Jennie Linton

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Iron Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Linton

(Address) 203 Scott St

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1st. 1906 to Jan 7th 1907

that I last saw him alive on Jan. 6th 1907,

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Convulsions

(DURATION) 1 DAYS

Contributory (Primary) Chronic Interstitial Nephritis (DURATION) DAYS

(Signed) W. C. Freeman M.D.

Address 623 Columbia ave

Date Jan 7th 1907

Place of Burial ~~Jan~~ 9th Lowden Park

Date ~~Jan~~ 9th 1907

Undertaker John Conway

Address 901 Collins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 96965 — Registered No. B 96965

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1210 Sargeant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth A Smith

{Residence, if in Baltimore, Give Street and Number.} 1210 Sargeant St.

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Hudson City N. J.

FULL NAME OF FATHER: James McCulloh

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Julia Ward

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Edward Smith

(Address) 1210 Sargent st

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1907

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to Jan 5 1907 that I last saw her alive on Jan 4 1907, and that death occurred, on the date stated above, at 12 00 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Croupous Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Pulmonary Oedema a Chron (DURATION) DAYS

(Signed) J. E. Muse M.D.

Address 855 Columbia ave

Date Jan 5 1907

Place of Burial New Cathedral

Date Jan 8 1907

Undertaker John F Logan

Address 901 Collins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96966

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96966

City of Baltimore, (No. 630 N. Gilmor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albertina Ganter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: — (Month) 1 (Day) — (Year)
AGE: 85 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): Germany
FULL NAME OF FATHER: —
BIRTHPLACE OF FATHER (State or country): —
MAIDEN NAME OF MOTHER: —
BIRTHPLACE OF MOTHER (State or country): —
OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances X Ganter
(Address) 632 N Gilmor St

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Jan 6 1907 that I last saw her alive on Jan 5 1907, and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Mitral Regurgitation with general Endocarca.
(DURATION) DAYS

Contributory Acute oedema of lungs (DURATION) 2 DAYS

(Signed) Peyton Edwards M.D.
Jan 7 1907 (Address) 630 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 8 1906
UNDERTAKER	ADDRESS
Wm Cook	502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96967

City of Baltimore, (No. 706, E Chase St St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick Konig

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 5th 1907 (Month) (Day) (Year)

AGE: 3 Hours ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Konig

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Lillian Baker

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Konig

(Address) 706 E. Chase St

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 5 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 5 1907 to Jan 5 1907 that I last saw h— alive on Jan 5 1907, and that death occurred, on the date stated above, at 8 M. The CAUSE OF DEATH was as follows:

Premature Birth
patient 7 mos.

(DURATION) DAYS

Contributory Unable to respire properly (DURATION) 3 Hrs Days

(Signed) James M Kenton M. D.

Jan 5 1907 (Address) 706 E Chase St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Baltimore DATE OF BURIAL: Jan 7 1907

UNDERTAKER: H. C. Wiedefeld ADDRESS: 914 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — Registered No. B 96968

96968

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 E. Chase St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Davis

{Residence, if in Baltimore, Give Street and Number.} 421 E. Chase St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 31 1836

AGE: 70 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Phila. Pa

FULL NAME OF FATHER: Jas. Davis

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Roseanna McGuire

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Ex Police Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. E. Wallis

(Address) 1014 E. Fulton Ave

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany Dec 5th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 28th 1906 to Jan 5th 1907

that I last saw h.. alive on Jan 5th 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia — left Side

(DURATION) 9 DAYS

Contributory (Primary.) Dilatation of Heart (DURATION) Lingers DAYS

(Signed) Edward Anderson M.D.

Address 28 Augusta

Date Dec 6th 1907

Place of Burial Cathedral

Date Jan 8th 1906

Undertaker H. C. Wiedefeld

Address 914 Gregg mit Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 96969 — Registered No. B 96969

167 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Stone.

{Residence, if in Baltimore, Give Street and Number.} 539 E. Chase St.

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Joseph Stone

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Wheeler

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno K. Burroughs

(Address) 1046 Valley St

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Jan 6 1907

that I last saw him alive on Jan 6 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia Fracture of Hip complicated by Old age

(DURATION) 17 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. G. Jack M.D.

Address 1 W Lex Hall

Date Jan 8 1907

Place of Burial Cathedral

Date Jan 8 Th 1907

Undertaker H C Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 24th. 96970 Registered No. B 96970

CERTIFICATE OF DEATH.

34

(Place of Death.) No. 2432 Canton Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Krause

{Residence, if in Baltimore, Give Street and Number.} 2432 Canton Ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 7th 1875

AGE: 31 years, 8 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Krause

(Address) 2432 Canton Ave

Filed 1/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 6 1907

that I last saw h alive on Jan 5 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

exhaustion from colitis

(DURATION) 7 DAYS

Contributory (Primary.) General tuberculosis

pulmonary, tryngeal &c (DURATION) 3 Months

(Signed) J. W. Douglas M.D.

Address Canton & Dillon Sts.

Date Jan 6 1907

Place of Burial Mt. Carmel Cem

Date Jan 8 1907

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto. Sts and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 18

96971 Registered No. B 96971

CERTIFICATE OF DEATH.

175 V

(Place of Death.) No. 417. n Carrollton-ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cora Cordelia Hynson

{Residence, if in Baltimore, Give Street and Number.} 417. N. Carrollton

Duration of Residence in Baltimore. 4 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Chestertown Kent Co Md

FULL NAME OF FATHER John Hynson

BIRTHPLACE OF FATHER (State or country) Chestertown Kent Co Md

MAIDEN NAME OF MOTHER Mary F Mason

BIRTHPLACE OF MOTHER (State or country) Chestertown Kent Co Md

OCCUPATION OF DECEASED Saleslady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5th 1906

I HEREBY CERTIFY, That I attended deceased from as Boarder 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

accidentally drowned Sec
Ovarian cyst w metastasis
Jor Pharyngeal Sarcoma

11 Hours (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Jones M.D.

Address 1744 W Fayette Ave

Date Jan 7th 1906

Place of Burial St Johns Cemetery Chestertown Kent Co Md

Date Jan 9 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

96972

Ward 5

Registered No. B 96972

16 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John McCullough

{Residence, if in Baltimore, Give Street and Number.} 1043 N Front St.

Duration of Residence in Baltimore. 20yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John McCollough

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Brady

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 1/7 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 13 1906 to Jan 7 1907

that I last saw h[illegible] alive on Jan 7 1907

and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Odema

(DURATION) 2 DAYS

Contributory (Primary.) Pleurisy (DURATION) [illegible]

(Signed) C. A. Dorsey M.D.

Address City Hospital

Date January 7th 1907 ✓

Place of Burial New Cathedral

Date Jan 9 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96973

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96973

Registered No. B.....

City of Baltimore, (No. 2873, W. Lafayette ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Flanigan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October (Month) 27 (Day) 1903 (Year)

AGE: 3 years, 2 months, ... days

SINGLE, ~~MARRIED WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): 2873 W Lafayette ave

FULL NAME OF FATHER: John T. Flanigan

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Nettie V. Councell

BIRTHPLACE OF MOTHER (State or country): Easton Talbot Co. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 1/7 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 6th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 5th 1907 to Jan 6th 1907 that I last saw him alive on Jan 6th 1907, and that death occurred, on the date stated above, at 10-30 A. M. The CAUSE OF DEATH was as follows:

Convulsions from Indigestion Cause,

(DURATION) 12 Hours

Contributory .....

(DURATION) ..... DAYS

(Signed) L. K. Zapp M. D.

Jan 6th 1907 (Address) 30 S. W. Smith

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Jan 8 1907

UNDERTAKER: M Cadogan

ADDRESS: 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. 96974

Ward 10 96974 Registered No. B 1707

CERTIFICATE OF DEATH.

(Place of Death.) No. 1949 W. Lafayette Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Ament

{Residence, if in Baltimore, Give Street and Number.} 1949 W. Lafayette Ave.

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1840

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Frank Ament

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 W Mulberry St

Filed HARRY O. ANDREWS, 190 DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5th, 1907

I HEREBY CERTIFY, That I attended deceased from June 1st 1906 to Jan 5th 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9:45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia due to a dilated heart

(DURATION) 4 DAYS

Con'tributory (Primary.) Chronic Interstitial Nephritis (DURATION) 1 yrs DAYS

(Signed) Albert G. Dingwall M.D.

Address 1202 N. Eutaw St.

Date January 7th 1907

Place of Burial Holy Redeemer

Date Jan 8 1907

Undertaker M Cadogan

Address 696 W Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 Registered No. B 96975

154

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christina Spetzler

{Residence, if in Baltimore, Give Street and Number.} 233 Harrison St.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~ ~~ 1~~

AGE 68 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " ~~ ~~ ~

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Woman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Henry Spetzler

(Address) 730 Strickland Ave

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 21 1906 to Jan 6 1907

that I last saw h~~e~~r alive on Jan 6 1907

and that death occurred, on the date stated above, at 12

~~f~~M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Odema

(DURATION) ..... DAYS

Contributory (Primary.) Senility

General Anasarca (DURATION) ..... DAYS

(Signed) Geo. H. Offinger M.D.

Address St. Joseph's Hosp

Date Jan 8 1907

Place of Burial Holy Redeemer

Date 1/8/07 1907

Undertaker Wm J Schulien

Address 98 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91 V

CERTIFICATE OF DEATH.

Registered No. B 96976

City of Baltimore, (No. 1724 Linden Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Frederick

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 86 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Bavaria Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Frederick

(Address) 518 W Mulberry St

Filed 1 8 1907 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 m 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 25th 1906 to Jan 5th 1907, that I last saw h-im alive on Jan 5th 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Bronchial Asthma

General 4 Years (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) E. J. Buchholz M. D.

1907 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 1 8 1907

UNDERTAKER: Wm J Schilling — ADDRESS: 9 S. Paca St

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

Registered No. B 96977

96977

9 3 r

CERTIFICATE OF DEATH.

(Place of Death.) No. 541. N. Washington St.

(If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Simon P. Rippel

{ Residence, if in Baltimore, Give Street and Number. } 541. N. Washington St —

Duration of Residence in Baltimore: Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 3rd 1896

AGE: 10 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Rippel Jr.

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Margaret Eberwein

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Rippel Jr.

(Address) 341. N. Washington

Filed 1/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 5th 1907.

I HEREBY CERTIFY, That I attended deceased from January 4th 1907 to Jan 4th 1907 that I last saw him alive on Jan 4th 1907, and that death occurred, on the date stated above, at 9.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Eclampsia —

(DURATION) 1 DAYS

(Signed) John Davis M.D.

Address 2102 Orleans St —

Date January 7th 1907

Place of Burial Oak Lawn Cem

Date 1/8/07 190

Undertaker J. Herwig & Son

Address 2008 Orleans.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 96978 — Registered No. B 96978

274

CERTIFICATE OF DEATH.

(Place of Death.) No. 2218 Mura St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Victor Moeser

{Residence, if in Baltimore, Give Street and Number.} 2218 Mura St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 9th 1887

AGE: 19 years, — months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Chris. Moeser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Nutschka

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chris Moeser

(Address) 2218 Mura St.

Filed 1/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 6th, 1907

I HEREBY CERTIFY, That I attended deceased from January 6th 1907 to January 6th, 1907 that I last saw him alive on " " 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

(DURATION) 6 Hrs.

Con'ributory (Primary.) Exhaustion

(DURATION) 1 DAYs

(Signed) Gilbert G. Smith M.D.

Address 1202 N. Patterson Park Ave.

Date January 6th, 1907

Place of Burial Trinity Cem.

Date 1/8/07 1907

Undertaker J. Herring & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1 — D96979 — Registered No. B 96979

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 721 N. Dallas Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter Weeb.

{Residence, if in Baltimore, Give Street and Number.} 721 N. Dallas Street.

Duration of Residence in Baltimore. Since birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — 1

AGE 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm F Weeb

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elyer Cosmish

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. F. Weeb

(Address) 809 McKenney St

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7th Jan. 1907

I HEREBY CERTIFY, That I attended deceased from 23rd Aug. 1906 to 7th Jan. 1907 that I last saw h[er] alive on 2nd Jan. 1907, and that death occurred, on the date stated above, at 3.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy Pulmonalis

Several mos. (DURATION) — DAYS

Contributory (Primary.) Exhaustion

Several wks. (DURATION) — DAYS

(Signed) E. L. Bayle M.D.

Address 1418 Jefferson St

Date 7th January 1907.

Place of Burial Laurel

Date Jan 10 — 1907

Undertaker R. A Elliott

Address 506, Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 5 — 96980 — Registered No. B 96980

21 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1236 Jefferson St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Waters

{Residence, if in Baltimore, Give Street and Number.} 1236 Jefferson St

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm E Waters

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Laura Boggs

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Charles E Waters

(Address) 1236 Jefferson St

Filed 1/8 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 6 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan 13 — 1907 to Jan 6 — 1907

that I last saw h[illegible] alive on Jan 6 — 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia 3 wks (DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis 2 yrs (DURATION) DAYS

(Signed) W J Harris M.D.

Address 134 E Druid Hill

Date Jan 7 — 1907

Place of Burial Ashbury

Date Jan 8 1907

Undertaker Robt A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

96981

93 ✓

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96981

City of Baltimore, (No. 1101 E. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Simon Sacks

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 80 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Mark Sacks

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mary Shanie

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. N. Gerberich

(Address) 1101 E. Pratt St

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1/8 1907 to 1/8 1907

that I last saw him alive on 1/8 1907,

and that death occurred, on the date stated above, at 12 M.

A. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 5 DAYS

Contributory Cardiac Asthenia

(DURATION) [illegible] DAYS

(Signed) S. C. Katzoff M. D.

1/9 1907 (Address) 1164 S Gilmor St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Washington Road	Jan 8 1907
UNDERTAKER	ADDRESS
Max Levinson	1138 Lovat

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 96982 — Registered No. B 96982

CERTIFICATE OF DEATH.

112 V

(Place of Death.) No. 2310 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Carroll

{Residence, if in Baltimore, Give Street and Number.} 2310 Ashland Ave.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jany 5 1845

AGE: 61 years, — months, 1 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick O'Brien

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Winnie Finnan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. C. Rochford,

(Address) 2310 Ashland Ave.

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 6 — 1907

I HEREBY CERTIFY, That I attended deceased from Nov. -10 1906 to Jan. 7 — 1907 that I last saw her alive on Jan. 5 — 1907, and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 5 DAYS

Con'ributory (Primary) Cirhosis Liver

(DURATION) 38 DAYS

(Signed) 121 Jackson Square M.D.

Address Pierre G. Dandridge M.D.

Date Jan. 7 — 1907

Place of Burial St. Vincents Cem.

Date January 9" 1907

Undertaker Evans & Spence

Address 184 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 96983 — Registered No. B 96983

CERTIFICATE OF DEATH.

92 V

(Place of Death.) No. 1220 N Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Dussman

{Residence, if in Baltimore, Give Street and Number.} 1220 N Caroline st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 29th 1905

AGE: 1 years, 3 months, 8 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: J F Dussman

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Laura Gladfelter

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J F Dussman

(Address) 1220 N Caroline st

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Jan 7th 1907

that I last saw h[illegible] alive on Jan 7th 1907,

and that death occurred, on the date stated above, at 1220 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronch. Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.) Acute dilitation of heart (DURATION) 4 hrs DAYS

(Signed) D. E. Beach M.D.

Address 210 E Fraser St

Date Jan 7th 1907

Place of Burial London Park Cemetery

Date January 8th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

96984

Registered No. B 96984

67 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Old York Road near Wyan Oak ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catharine E Brown

{Residence, if in Baltimore, Give Street and Number.} old York Road

Duration of Residence in Baltimore. all her life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 19th 1824

AGE 82 years, 7 months, 19 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Bucks City

FULL NAME OF FATHER Barney DeCourse

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Sarah Ann Price

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. J. Brown

(Address) old York Road

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1905 to Jan. 1906 that I last saw h r alive on Jan 4 1907 and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy followed by Paralysis.

14 Months (DURATION) DAYS

Con'ributory (Primary.) Old age

(DURATION) DAYS

(Signed) I. J. Scruff M.D.

Address Wilson & Ready ave.

Date January 7th 1907

Place of Burial Lorraine Cemetery

Date January 9 1907

Undertaker Stewart & Mowen Co.

Address 215-217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96985

City of Baltimore, (No. 231 Rock St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Elizabeth Callahan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John L. Callahan

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Sadie Mahoney

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: ~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L Callahan

(Address) 231 Rock st

Filed 1/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 3rd 1907 to January 6th 1907

that I last saw her alive on January 6 1907.

and that death occurred, on the date stated above, at .....

.....M. The CAUSE OF DEATH was as follows:

Pneumonia Bronch.

(DURATION) 3 DAYS

Contributory Exhaustion (DURATION) 1 DAYS

(Signed) Lott. Murray. M.D. M. D.

January 8 1907 (Address) 510 N. Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Peters Cem. | DATE OF BURIAL: January 8 1907

UNDERTAKER: W. J. Schilling | ADDRESS: 1 Col Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96986

Registered No. B.....

City of Baltimore, (No. Nursery & Child's Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harold Reed.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 3 (Month) — 20 (Day) — 1906 (Year)

AGE: ..... years, 9 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E. M. Stone

(Address) N. & C. Hospl.

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1 (Month) — 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1906 to Jan. 6 1907

that I last saw him alive on " " 1907

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Bronchio Pneumonia

(DURATION) 2 1/2 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) John Blackwell M. D.

1907 (Address) 639 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 8 1907

UNDERTAKER: G. H. Blizzard & Co. — ADDRESS: 1112 Pine

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 96987

Registered No. B .....

City of Baltimore, (No. 1637 N. Fremont St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabelle Gallagher

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Dec. (Month) 5 (Day) 1837 (Year)

AGE: 69 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Vallentine Freman

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Rachel Rider

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William V. Gallagher

(Address) east Arlington

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Jan 6 1907

that I last saw h[illegible] alive on Jan 6 1907

and that death occurred, on the date stated above, at 11:2[illegible] A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 10 DAYS

Contributory —

(DURATION) — DAYS

(Signed) John Eblen M.D.

Jan 7 1907 (Address) 1706 Ea[illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem.	Jan. 9 1907
UNDERTAKER	ADDRESS
Harry W. Eblen	1944 W. North ave.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 96988 — Registered No. B 96988

CERTIFICATE OF DEATH.

47 V

(Place of Death.) No. 128 S. Wolfe St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara V. Gillmor

{Residence, if in Baltimore, Give Street and Number.} 128 S. Wolfe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Feb. 21st 1885

AGE: 21 years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Joseph G. Gillmor

BIRTHPLACE OF FATHER (State or country): Persia

MAIDEN NAME OF MOTHER: Annie M. Rutt

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. Gillmor

(Address) 128 S. Wolfe St.

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 25th 1906 to Jan 6th 1907 that I last saw h-- alive on Jan. 3rd 1906 and that death occurred, on the date stated above, at 5-30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Raymond Lowe M.D.

Address 835 E. Baltimore St.

Date January 6th 1907

Place of Burial St. Alphonsus Cemetery

Date Jan. 9th 1907

Undertaker Germans Thaner

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

96989

Registered No. B 96989

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 708 S Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abe M Zerdin

{Residence, if in Baltimore, Give Street and Number.} 708 S Broadway

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Abraham M Zerdin

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER D Sachs

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Zerdin

(Address) 708 S Broadway

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 — 1907

I HEREBY CERTIFY, That I attended deceased from Dec 23 1906 to — 1907

that I last saw h— alive on Dec 23 1906,

and that death occurred, on the date stated above, at 1 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Carcinoma

6 Mon. (DURATION) DAYS

Contributory (Primary.) Exhaustion —

— 6 Mon. (DURATION) DAYS

(Signed) Fred Bonner M.D.

Address 1717 Bolton

Date Jan 8/07 1907

Place of Burial Philips Rd Rous Dale

Date Jan 8, 1907

Undertaker Max Lerman

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

969:10

93v

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 1200 E Lexington St.; ..... Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B 96990

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Degold

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W.

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 5 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Jol Degold

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lear Degold

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Epstein

(Address) 1200 E Lexington

Filed 1/8 1907

HARRY C. ANDREW.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Jan 8 1907 that I last saw h alive on Jan 7 1907, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Pneumonia — Lobar.

Six days (DURATION) DAYS

Contributory Heart

(DURATION) — DAYS

(Signed) A. J. Freedman M. D.

1/8 1907 (Address) 918 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL Philpot Rd Road — DATE OF BURIAL Jan 8 1907

UNDERTAKER Max Levinson — ADDRESS 1138 Lovs

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — 96991 — Registered No. B 96991

93r

CERTIFICATE OF DEATH.

(Place of Death.) No. 1715 N. Bradford. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Green.

{ Residence, if in Baltimore, Give Street and Number. } 1715 N. Bradford st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 7" 1

AGE: 68 years, 2 ~~0~~ months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Wm H. Baker

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elmer E. Green

(Address) 1715 N Bradford st

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4th 1907 to January 6th 1907 that I last saw h.r alive on Jan 6th 1907 and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Con'ributory (Primary.) Respiratory failure

(DURATION) 1 DAYS

(Signed) John Davis M.D.

Address 2102 Orleans st

Date January 7th 1907

Place of Burial Westminster Md

Date Jan 8 " 1907

Undertaker Geo. M. Trust

Address 811 N. Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 B96992 Registered No. B 96992

CERTIFICATE OF DEATH.

(Place of Death.) No. Md General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E. Hyman

{Residence, if in Baltimore, Give Street and Number.} 913 Wagon alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: -

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. B. Pyle

(Address) 1026 E. Mulberry St.

Filed 1/8 1907 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9.0 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 8 DAYS

Contributory (Primary.) accidental fall from a wagon (DURATION) 12 DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. ave. (Grocer)

Date Jan. 6th 1907

Place of Burial Mt. Auburn Cemetery

Date Jan. 8 1907

Undertaker Telex B Pyle

Address 1026 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 969.B B 96993 Registered No. B 96993

CERTIFICATE OF DEATH.

(Place of Death.) No. Jan 7. 1907 445 [illegible] St. Jan 7. 1907 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Rhorist

{ Residence, if in Baltimore, Give Street and Number. } 418 S. Dallas St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 17 " 1906

AGE: ..... years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Joseph Rhorist.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Rosa Gyozor.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Rhorist

(Address) 418 S. Dallas St

Filed 1/8 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1907

I HEREBY CERTIFY, That I attended deceased from Jan 5 1907 to Jan 7 1907

that I last saw h[illegible] alive on Jan 7 1907,

and that death occurred, on the date stated above, at [illegible]

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Martin M.D.

Address 16 S Broadway

Date Jan 7. 1907

Place of Burial St Stanislaus

Date January 8 " 1907

Undertaker M F. Dudewski

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

96994

Ward 1 B96994 Registered No. B 96994

CERTIFICATE OF DEATH.

(Place of Death.) No. 2606 Hudson St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Jakubowski

{Residence, if in Baltimore, Give Street and Number.} 2606 Hudson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 24 " 1906

AGE: ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Joseph Jakubowski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Jedzja Pizpat.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Jakubowski.

(Address) 2606 Hudson St

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 7 1907

I HEREBY CERTIFY, That I attended deceased from Jany 5 1907 to Jany 5 1907 that I last saw him alive on Jany 5 1907, and that death occurred, on the date stated above, at 5.12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. L. Long M.D.

Address 2429 Fait Ave

Date Jany 8 1907

Place of Burial St Stanislaus.

Date January 9 " 1907

Undertaker M. F. Jachowski.

Address 703 S. Arena St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 B 96995 Registered No. B 96995

CERTIFICATE OF DEATH.

(Place of Death.) No. 1732 Friendship Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant of Estelle Kennard

{Residence, if in Baltimore, Give Street and Number.} 1732 Friendship Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Jan 1st 1907

AGE: — years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Estelle Kennard

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Johnson

(Address) 1732 Friendship Place

Filed 1/8 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) DAYS

Contributory (Primary.) Pneumatosis Cystoides Intestinalis (DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave

Date Jan. 7th 1907

Place of Burial Mt Auburn Cemetery

Date January 8th 1907

Undertaker Felix B Pye.

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 18 Registered No. B 96996

B 96996

CERTIFICATE OF DEATH.

(Place of Death.) No. 1114 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas G Swansberry

{Residence, if in Baltimore, Give Street and Number.} ~~1117~~ 1114 Hollins St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 7 1855

AGE 51 years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Stehen Swansberg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Jennings

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Swansberg

(Address) 1114 Hollins St

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 2 1906 to Jan 5 1907 that I last saw him alive on Jan 5 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Croupous Pneumonia followed by Phthisis Pulmonalis

2 months (DURATION) DAYS

Contributory (Primary.) asthenia

(DURATION) 5 DAYS

(Signed) J. E. Mure M.D.

Address 565 Columbia Ave

Date Dec 7 1907

Place of Burial London Park

Date Jan 8th 1907

Undertaker John Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 B 96997 Registered No. B 96997

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 Leadenhal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Howard

{Residence, if in Baltimore, Give Street and Number.} 1004 Leadenhall

Duration of Residence in Baltimore. 6 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hannah Howard

(Address) 1004 Leadenhall St

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to January 6 1907

that I last saw h[illegible] alive on January 5 1907

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Contributory (Primary.) Carcinoma Larynx (DURATION) 11 DAYS

(DURATION) 2 DAYS

(Signed) E. D. Ellis M.D.

Address 905 Lynch St

Date January 8 1907

Place of Burial Norfolk. Va

Date January 9 1907

Undertaker John H. Faduma

Address 142 Orcutt St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 B 96998 Registered No. B 96998

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Jaeger

{Residence, if in Baltimore, Give Street and Number.} 727 N Lexington St

Duration of Residence in Baltimore. 7.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH — — 1865

AGE 35 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Photographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry C Klein

(Address) 216 Clay St.

Filed 1/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 16 1906 to January 6 1907

that I last saw him alive on January 6 1907

and that death occurred, on the date stated above, at 8:23 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ac Lobular pneumonia

Chronic nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W MacCallum M.D.

Address Johns Hopkins Hospital

Date Jan 7 1907

Place of Burial Baltimore. Md.

Date JAN 7 1907 190

Undertaker Wm S. Fry

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 B 96999 Registered No. B 96999

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 N. Baxter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert R. Kohls

{Residence, if in Baltimore, Give Street and Number.} 107 N. Baxter St.

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 29th 1877

AGE: 29 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Richard Kohls

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Insurance Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Kohls

(Address) 107 N. Baxter St

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1906 to Jan 6th 1907 that I last saw h... alive on Jan 6 1907 and that death occurred, on the date stated above, at 8.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia Phthisis

(DURATION) 3 wks

Contributory (Primary.)

Insomnia (DURATION) — DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Broadway

Date Jan 7th 1907

Place of Burial Mt. Carmel Cem.

Date Jan 9 1907

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Balto. Sts and 1708-1710 Canton Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... B 97000 Registered No. B 97000

CERTIFICATE OF DEATH.

13 ✓

(Place of Death.) No. 1008 S. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel E. Carroll

{ Residence, if in Baltimore, Give Street and Number. } 1008 S. Eutaw

Duration of Residence in Baltimore. 19 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 30th 1849

AGE 57 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Hugh Carroll

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Elizabeth A. Detell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gracie Carroll

(Address) 1008 Eutaw St

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 4. 1907

I HEREBY CERTIFY, That I attended deceased from Sept 27 1906 to Jany 4. 1907 that I last saw h.. alive on Jany 4. 1907, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Degeneration of left lung and exhaustion

(DURATION) 2½ Mos. DAYS

Contributory (Primary.) Pneumonia

(DURATION) 20 DAYS

(Signed) David W. Jones M.D.

Address 3116 O'Donnell St

Date January 7th 1907

Place of Burial Mt. Carmel Cemetery

Date Jan. 8th 1907

Undertaker HENRY SANDER & SONS

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

9

HEALTH DEPARTMENT, CITY OF BALTIMORE.

93 ✓

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97001

City of Baltimore, (No. Womans Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nannie Chilcoat

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Ambrose Chilcoat

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theo. Chilcoat

(Address) 735 E. 22nd St

Filed 1/8/ 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 7 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to Jan 7 1907

that I last saw h e r alive on Jan 7 1907,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Pneumonia

(which caused abortion at 4 mos - on Jan 4 - 1907)

(DURATION) 7 DAYS

Contributory Asthenia

(DURATION) 2 DAYS

(Signed) E. K. Ballard M. D.

Jan 7 1907 (Address) 1622 Mt Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Connecticut

How long at Place of Death? 3 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Co

DATE OF BURIAL: Jan 9 1906

UNDERTAKER: Wm Cook

ADDRESS: 602 E. Fait Ave

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97002

City of Baltimore, (No. 2234 Jefferson Place St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Sophia Hawkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 20 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Hawkins

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Lydia Symington

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Hawkins

(Address) 2234 Jefferson Place

Filed 1/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 7 (Day), 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to Jan 7, 1907 that I last saw h alive on Jan 7, 1907, and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Phthisis

(DURATION) 2 years

Contributory Carcinoma

(DURATION) ..... DAYS

(Signed) S. Lee Magness, M. D.

Jan. 8, 1907 (Address) 1244 N. Gay St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Jany 11 1907

UNDERTAKER: Wm Cook — ADDRESS: 504 North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97003

City of Baltimore, (No. [illegible], St. [illegible] Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Barbara [illegible]reiber

PERSONAL AND STATISTICAL PA[illegible] CERTIFICATE OF DEATH

SEX: F1 | COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Gehreiber

(Address) 621 S Bond St

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

DATE OF DEATH: Jany (Month) Oct. 1906 (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26th 1906 to Jany 6th 1907 that I last saw h[illegible] alive on July 5th 1906, and that death occurred, on the date stated above, at [illegible] M. The CAUSE OF DEATH was as follows:

Valvular dis of Heart

(DURATION) [illegible] yrs

Contributory —

(DURATION) — DAYS

(Signed) [illegible] M. D.

Jany 7th 1907 (Address) 507 E Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan 9 1907
UNDERTAKER	ADDRESS
Wendell Riffel	3308 Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B 97004

175 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2019 Inc. Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Neubert

{Residence, if in Baltimore, Give Street and Number.} 2019 Inc. Elderry st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 8 1899

AGE: 7 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Charles Neubert

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mamie Meibech

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Neubert

(Address) 2019 Inc Elderry st

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 6 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 6 1907 to date 1907 that I last saw h in alive on cause date 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute indigestion caused by ptomaine infection

(DURATION) one DAYS

Con'tributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 2000 E. Baltimore St

Date Jan 8 1907

Place of Burial Holy Redeemer

Date Jan. 9 1907

Undertaker J. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 97005 Registered No. B 97005 917

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 14 Wilcox St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann Mullin

{Residence, if in Baltimore, Give Street and Number.} 10 14 Wilcox Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1857

AGE: 5-6 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Hugh McCann

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Jane Rafferty

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie McGuard

(Address) 830 Hayord. ave

Filed 1/8 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 7th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 2d 1907 to Jan 5th 1907 that I last saw her alive on Jan 5th 1907, and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

several weeks (DURATION) DAYS

Contributory (Primary.) chronic bronchitis

was for several months (DURATION) DAYS

(Signed) Frank E. Brown M.D.

Address 926 E. Eager St

Date Jan 8th 1907

Place of Burial Holy Cross Cemetery

Date Jan 9 1907

Undertaker Edward J. Byrne

Address 302 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. B 97666

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 Jackson St. (Homestead) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine E. Schissler

{Residence, if in Baltimore, Give Street and Number.} 10 Jackson St. (Homestead)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John. P. Wagner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Julia Bauer

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank P. Schissler

(Address) 10 Jackson St. Homestead

Filed 1/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 6, 1907

I HEREBY CERTIFY, That I attended deceased from July 29, 1906 to Jan. 6 1907 that I last saw her alive on Jan. 6, 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Several months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. R. Blewett, M.D.

Address 1246 Hargrave ave

Date January 7, 1907

Place of Burial Holy Redeemer Cemetery

Date Jan 9 1907

Undertaker Henry Hoeck & Son

Address 301 E Eager st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 97007 — Registered No. B 97007

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1934 Union Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Ruddy

{Residence, if in Baltimore, Give Street and Number.} 1934 Union Ave

Duration of Residence in Baltimore. 38 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR W.

DATE OF BIRTH 1

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Martin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Martin

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas

(Address) 1934 Union Ave.

Filed 1/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 7 — 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 1 st. 1906 to Jany. 7 1907

that I last saw h[illegible] alive on Jan. 6 1907

and that death occurred, on the date stated above, at 4:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Paralysis (DURATION) 2 Years

(Signed) Geo L. Martin M.D.

Address 6 N. Bond

Date Jany. 7 1907

Place of Burial N. Mary's (Evergreen)

Date Jan. 10 1907

Undertaker Henry Hoeck & Son

Address 1341 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97008

City of Baltimore, (No. 429 Farrer St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nettie Schultheis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 14 (Day) 1906 (Year)

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Fred Schultheis

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Hedrick

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Fred Schultheis

(Address 429 Fawcett St

Filed 1/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to Jan 7 1907 that I last saw h-r alive on Jan 7 1907, and that death occurred, on the date stated above, at 4.05 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 8 DAYS

Contributory [redacted]

(DURATION) DAYS

(Signed) Walter A Coe M. D.

1907 (Address) 1705 Hollins Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? 7 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: 1/9 1907

UNDERTAKER: F. B. Shepherd

ADDRESS: 2235 Fulton Ave

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 97009 Registered No. B 97009

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 3519 Cedar Cove St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Monroe L Widerman

{Residence, if in Baltimore, Give Street and Number.} 3519 Cedar Cove

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 4 1906

AGE ..... years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Harry L Widerman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Blanche Haltmate

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Harry L. Widerman

(Address 3549 Cedar Ave

Filed 1/8 1907

HARRY O'. ANDR[illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25th 1907 to Jan 8th 1907

that I last saw h[illegible] alive on Jan 8th 1907.

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Con'tributory (Primary) Entero-colitis

(DURATION) 30 DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date Jan 8th 1907

Place of Burial St Mary's Hampden

Date Jan 10th 1907

Undertaker H. E. Ehenouth & Son

Address 219 Third Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IX 97010 Registered No. B 97010

40 V

CERTIFICATE OF DEATH.

(Place of Death.) No St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. S. Oscar Spigner

{ Residence, if in Baltimore, Give Street and Number. } Columbia S. C.

Duration of Residence in Baltimore. 5 Days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1854.

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): South Carolina

FULL NAME OF FATHER: Reuben Spigner

BIRTHPLACE OF FATHER (State or country): South Carolina

MAIDEN NAME OF MOTHER: Sallie Bush

BIRTHPLACE OF MOTHER (State or country): South Carolina

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. H. Clayton

(Address) Hopkins, S. C.

Filed 1/8 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Jan 8 1907 that I last saw him alive on Jan 8 1907 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Embolism (DURATION) — DAYS

Contributory (Primary.) Carcinoma of Liver (DURATION) 8 Mos

(Signed) N. W. Hershner M.D.

Address St. Josephs Hospital

Date Jan 8 1907

Place of Burial Columbia S. C.

Date Jan. 9, 1907

Undertaker H. W. Mears & Son

Address 105 W. Calvert St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 97011 Registered No. B 97011

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. St Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherian H. Moore

{Residence, if in Baltimore, Give Street and Number.} St Vincent Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 26 1905

AGE 1 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER G J Moore

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Catherian Stevens

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherian Moore

(Address) 2302 Francis

Filed 1/8 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1906 to Jan 7 1907

that I last saw h-r alive on Jan 7 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Tuberculosis

Bronch-pneumonia (DURATION) 21 DAYS

(Signed) E. H. Haywood M.D.

Address 1230 N Caroline St

Date Jan 8, 1907

Place of Burial New Cathedral

Date January 9th 1907

Undertaker Martin Fahey

Address 606 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 B97012 Registered No. B 97012

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Saml Lowerman

{Residence, if in Baltimore, Give Street and Number.} 840 Pierce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 29 years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Dennis Lowerman.

BIRTHPLACE OF FATHER (State or country) Frederick Co.

MAIDEN NAME OF MOTHER Martha Robinson.

BIRTHPLACE OF MOTHER (State or country) Howard Co.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Kegler

(Address) Md Penitentiary

Filed 1/9 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1907

I HEREBY CERTIFY, That I attended deceased from Nov 2 1906 to Jan 8 1907

that I last saw h in alive on Jan 8 1907

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever.

2 months (DURATION) DAYS

Contributory (Primary.) Meningitis

4 days. (DURATION) DAYS

(Signed) Theodore Lark M.D.

Address 1808 N. Charles St

Date Jan 8 1907

Place of Burial Mt Auburn Cem

Date Jany 10th 1907

Undertaker Felix B Pye

Address 102 E Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9701B

CERTIFICATE OF DEATH.

97013

Registered No. B

City of Baltimore, (No. 126 N. Chapel St.; 3d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wellington Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: June (Month) 23d (Day) 1906 (Year)

AGE: — years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Willis Brown

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Ella Morgan.

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lassie Roberts

(Address) #111 N. Chapel St.

Filed 1/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 7th (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1907 to Jan 7th 1907 that I last saw him alive on Jan 7th 1907, and that death occurred, on the date stated above, at 1.10 P. M. The CAUSE OF DEATH was as follows:

Catarrhal Pneumonia

(DURATION) 7. DAYS

Contributory —

(DURATION) DAYS

(Signed) Robert Sachs M. D.

Jan 7th 1907. (Address) 1918 E Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Asbury — DATE OF BURIAL: Jan 10 1906

UNDERTAKER: R A Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

Registered No. B 97014

97014 1 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1032 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Thomas and Fannie Hardman

{Residence, if in Baltimore, Give Street and Number.} 1032 Vine

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Jan. 3 1907

AGE ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Thos. Hardman

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Fannie Wilson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Hardman

(Address) 1032 Vine St

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7 1907

I HEREBY CERTIFY, That I attended deceased from Jan 3 1907 to Jan. 7 1907

that I last saw h.. alive on Jan 7 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Unknown (DURATION) DAYS

(Signed) R. O. Dees M.D.

Address 622 N. Fremont Ave

Date January 7 1907

Place of Burial Mt. Auburn Cemetery

Date Jan 9. 1907

Undertaker R. M. Elliott

Address 506 Poigus Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

B 97015

Ward 10 — Registered No. B 97015

CERTIFICATE OF DEATH.

B 97015
104 V

(Place of Death.) No. 808 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Smith

{Residence, if in Baltimore, Give Street and Number.} 808 Aisquith st

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May ? 1860

AGE: 56 years, 7 months, 2 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Nova Scotia

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Timberman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C. Smith

(Address) 808 Aisquith st

Filed 1/9 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1907 to Jan 7th 1907

that I last saw him alive on Jan 6th 1907

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate) Gastritis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward [illegible] M.D.

Address 808 Aisquith

Date Jan 9th 1907

Place of Burial London Park Cemetery

Date January 10th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 97016 — Registered No. B 97016

154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 904 N Eden st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franz K Knoche

{ Residence, if in Baltimore, Give Street and Number. } 904 N Eden st

Duration of Residence in Baltimore. 53 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: November 16th 1826

AGE: 80 years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ignaz Knoche

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Julia Dietrich

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto C Knoche

(Address) 826 N Central ave

Filed 1/9 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14th 1906 to January 8th 1907

that I last saw him alive on January 6th 1907

and that death occurred, on the date stated above, at 8:10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C C Bowers M.D.

Address 1501 Eager st

Date January 8th 1907

Place of Burial Baltimore Cemetery

Date January 11th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

97017

Registered No. B 97017

CERTIFICATE OF DEATH.

1 20 V

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Sallie C. Standiford.

{ Residence, if in Baltimore, Give Street and Number. } 612 Druid Hill Ave.

Duration of Residence in Baltimore. 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 23, 1851

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Benjamin Standiford

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Langhlin Martin

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Nurse.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip L. Standiford

(Address) 6312 N. Calhoun St

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 7, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1907 to Jan 7, 1907 that I last saw her alive on Jan 7 1907 and that death occurred, on the date stated above, at 8-0 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chr. Bright's Disease & Pneumonia

? (DURATION) ? DAYS

Contributory (Primary.) Heart Failure

(DURATION) 1 DAY

(Signed) Dr. E. D. Langley, M.D.

Address Md. Gen. Hosp.

Date Jan 7. '07. 1907

Place of Burial Fallston Harford Co. Md

Date Jan 10th 1907

Undertaker H. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 19 — 97013 — Registered No. B 97013

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Banker

{Residence, if in Baltimore, Give Street and Number.} 1611 Frederick Ave

Duration of Residence in Baltimore. 32 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Negro

DATE OF BIRTH: 1

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Carter

(Address) 1611 Woodbrook Ave

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 6th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 5 1907 to Jan. 6th 1907 that I last saw h... alive on Jan. 6th 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) Pneumonia - Acute Lobar

(DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date Jan 8 1906 190...

Place of Burial Mt Auburn Cemetery

Date Jany 9th 07 190...

Undertaker Adams & Wright

Address 1364 W. Lexington Street

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 97019 Registered No. B 97019

CERTIFICATE OF DEATH.

(Place of Death.) No. 1307 Pressman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Taylor.

{ Residence, if in Baltimore, Give Street and Number. } 1307 Pressman St

Duration of Residence in Baltimore. 7 or 8 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored.

DATE OF BIRTH: Dec. 10 - 1874

AGE: 32 years, 0 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Gosland Co. Va.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Stratton her X mark

(Address) 1307 Pressman St

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 8 1907

I HEREBY CERTIFY, That I attended deceased from Jany 8 1907 to Jany 8 1907

that I last saw h alive on Jany 7 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Debility

(DURATION) 3 DAYS

Contributory (Primary) General Tuberculosis (DURATION) 4 Mos.

(Signed) Geo. C. Shannon M.D.

Address 1442 Pressman St

Date Balto Md Jany 8 1907

Place of Burial Mt Auburn Cemy

Date Jany 10th 07 1907

Undertaker Clarence E. Wright

Address 1364 Henry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

97020 Registered No. B 97020

667

CERTIFICATE OF DEATH.

(Place of Death.) No. 427 W. Conway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Henry Chew

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. 40yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail

COLOR: Colord

DATE OF BIRTH: ..... 1.....

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Isaiah Chew

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Hodcarrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Downs

(Address) 427 W Conway st

Filed 1/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate

Paralysis

(DURATION) ..... DAYS

Contributory (Primary) 4 months (DURATION) ..... DAYS

(Signed) J. D. Lehnert M.D. Coroner

Address 716 W. Lanvale

Date Jan 7th 1907

Place of Burial National cemetery

Date Jan 9 1907

Undertaker George H Hooper

Address 609 Little Pacant

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93 r

CERTIFICATE OF DEATH.

Registered No. B 97021

City of Baltimore, (No. 1218 N Chester St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Era Nancy Pilgrim

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Aug 8th 1906 (Month) (Day) (Year)
AGE	— years, 5 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Conrad Pilgrim
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Katie Reely
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Reely

(Address) 1218 N. Chester St.

Filed 1/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Jan 7 1907 that I last saw h[illegible] alive on Jan 7 1907 and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) C W Selchow M. D.

Jan 7 1907 (Address) 2250 E 14th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Mathews Cem	1/9/07
UNDERTAKER	ADDRESS
J Herwig & Son	2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 B 97022 Registered No. B 97022

CERTIFICATE OF DEATH.

(Place of Death.) No. 525 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry C. Chew

{Residence, if in Baltimore, Give Street and Number.} 526 Dolphin St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Perry Chew

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Fannie Bradshaw

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Brooks

(Address) 525 Dolphin St

Filed 1/9 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 8th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... m. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Hanging

(DURATION) ..... DAYS

Contributory (Primary.) Insanity

(DURATION) ..... DAYS

(Signed) Silas Bardani M.D.

Address 700 Lafayette Ave. (Corner)

Date Jan. 8th 1907

Place of Burial Mt Auburn

Date 1/10 1907

Undertaker Abel Hendley

Address 578 Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 B 97023 Registered No. B 97023

CERTIFICATE OF DEATH.

(Place of Death.) No. 306 Bell St St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Nancy Jane Myrick

{Residence, if in Baltimore, Give Street and Number.} 306 Bell St.

Duration of Residence in Baltimore. Abt 4 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR Col

DATE OF BIRTH ..... 1 .....

AGE 10 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Parham

(Address) 306 E. Bell St.

Filed 1/9 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 8 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1906 to Jan. 7 1907 that I last saw h-- alive on Jan. 7 1907 and that death occurred, on the date stated above, at 6.3 A. M. CAUSE OF DEATH (Secondary or Immediate

Acute Phthisis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Robt. G. Schnell M.D.

Address 424 - East 23 St

Date Jan. 8. 1907

Place of Burial Forest Sta Section C

Date 1/10 1907

Undertaker Abt Hennessey

Address 578 W Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IX

B 97024 Registered No. B 97024

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 W Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Egnine

{Residence, if in Baltimore, Give Street and Number.} 608 W. Baltimore St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jany 2 1907

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Charles Egnine

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Mary Chamian

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. Egnine

(Address) 608 W Baltimore St.

Filed 1/9 1907

HARRY C. ANDREWS.
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 8 1907

I HEREBY CERTIFY, That I attended deceased from Jany 8 1907 to Jany 8 1907

that I last saw h[illegible] alive on Jany 8 1907

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) DAYS

Contributory (Primary.) Infected Navel

(DURATION) DAYS

(Signed) M. Weinberg M.D.

Address 18 Pearl St

Date Jany 9 1907

Place of Burial Philip Rd Road Date

Date Jan 9 1907

Undertaker Max Levinson

Address 1638 Lowe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 b 97025 Registered No. B 97025

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 18 Harford Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Fisher

{Residence, if in Baltimore, Give Street and Number.} 18 Harford Road.

Duration of Residence in Baltimore. 1/4 hours

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Jan 7 1907

AGE ..... years, ... months, 1/2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto- Md

FULL NAME OF FATHER Chas. Edward Meyers

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER ~~Elizabeth~~ Minnie Elizabeth C. Fisher

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Garrison M.D.

(Address) 1257 N. Broadway

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1907

I HEREBY CERTIFY, That I attended deceased from Birth Jan 7 1907 to Jan 7 1907 that I last saw h[illegible] alive on Jan 7 1907 and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) DAYS

Contributory (Primary.) Premature birth

(7mos gestation) (DURATION) DAYS

(Signed) Wm. J. Garrison M.D.

Address 1257 N Broadway.

Date Jan 8 1907

Place of Burial London Park Cem

Date January 9 1907

Undertaker John B. Dupper

Address Northern Parkway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 14 B97026 Registered No. B 97026

CERTIFICATE OF DEATH.

172

(Place of Death.) No. in dock at foot of Smith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elias B Foard

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Non-resident

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W.
DATE OF BIRTH	Jan. 20, 1856
AGE (Nov. 23, 1906)	50 years, 10 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Co., Md.
FULL NAME OF FATHER	Wm. Foard
BIRTHPLACE OF FATHER (State or country)	Balto., Co. Md.
MAIDEN NAME OF MOTHER	Mary A. Foard
BIRTHPLACE OF MOTHER (State or country)	Balto. Co. Md.
OCCUPATION OF DECEASED	Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert L. Foard

(Address) 1006 E. 20th St.

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (probably) Nov. 23 1906

I HEREBY CERTIFY, That I attended deceased from Chronic Cases 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Accidental drowning

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Benj. F. Hayden M.D.

Address 1216 N. Caroline St

Date Jan 7, 1907

Place of Burial Druid Ridge Cemetery

Date January 9, 1907

Undertaker W. W. Means and Sons

Address 705 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 B 97027 Registered No. B 97027

CERTIFICATE OF DEATH.

67 V

(Place of Death.) No. 240 N. Carlton St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Henrietta Cannell

{Residence, if in Baltimore, Give Street and Number.} 240 N. Carlton

Duration of Residence in Baltimore. 35

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Charles Co Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 240 N. Carlton St

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 5 o'clock A. M. CAUSE OF DEATH (Secondary or Immediate

General Paralysis 5 yrs

(DURATION) DA...

Contributory (Primary.)

(DURATION) DA...

(Signed) Francis Jones M.

Address Coroner

Date Jan 9th 190...

Place of Burial Mt Lyon Cemetery

Date Jan 9 190...

Undertaker P. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 B 97023 Registered No. B 97023

34 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 Sherman Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George A. Edwards

{Residence, if in Baltimore, Give Street and Number.} 1711 Sherman Place

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH 1

AGE 1 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Charles A. Edwards

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Thomas

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother Lillie Edwards

(Address) 1711 Sherman Place

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7th 1907

I HEREBY CERTIFY, That I attended deceased from Sat. Jan 5 1907 to Jany 5 1907

that I last saw h[illegible] alive on Jany 5 1907

and that death occurred, on the date stated above, at 6 P.M.

CAUSE OF DEATH (Secondary or Immediate) General Marasmus

Tuberculosis was the Primary Cause

Asthenia, Exhaustion (DURATION) DAYS

Contributory (Primary.) 5 or 6 Weeks Probably

(DURATION) DAYS

(Signed) H. Bradley M.D.

Address 1200 Lanvale St

Date January 8 1907

Place of Burial Loudon Park

Date January 10 1907

Undertaker C. V. Elliott

Address 526 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 B 97029 Registered No. B 97029

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Griffin

{Residence, if in Baltimore, Give Street and Number.} 610 Bradley Av

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 6 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm H Griffin

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Florence E. Willis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7, 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1906 to Jan 7 1907 that I last saw her alive on Jan 7 1907 and that death occurred, on the date stated above, at 2 15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis.

Cervical Potts.

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Horace W. Nicholson M.D.

Address Bay View Hospital

Date Jan 8 1907

Place of Burial Mt. Auburn

Date January 10 1907

Undertaker R. F. Elliott

Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97030

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97030

City of Baltimore, (No. ~~123~~ 123, Carroll (Woodbury) St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jennie Kelley

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Apr — 1847 (Month) (Day) Year
AGE	59 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Mar
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John Wellman
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Eliza Webb
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. H. Wellman

(Address) 111 Washington

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 9th (Day) 190 7 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 15 1906 to Jan 9th 1907

that I last saw her alive on Jan 8th 1907

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Gangrene of foot + pleural Effusion

(DURATION) 30 days

Contributory Nephritis + Dropsy (DURATION) Dont-K days

(Signed) Mrs. H. Wellman M. D.

Jan 9th 1907 (Address) 801 1st Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Mary Hampden	Jan 10 1907
UNDERTAKER	ADDRESS
J S Marshall	3539 Falls

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 97031 — Registered No. B 97031

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Reinking

{ Residence, if in Baltimore, Give Street and Number. } Central Ave & Chase St.

Duration of Residence in Baltimore. 52 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 26th 1834
AGE	72 years, 8 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	[illegible]
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Geo. Reinking

(Address) 410 E. Pratt h

Filed 1/9 1907 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Jan 9 1907 that I last saw h[illegible] alive on Jan 9 1907 and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Senility

Arteriosclerosis (DURATION) DAYS

(Signed) Geo. H. Fluegge M.D.

Address St. Josephs Hosp.

Date Jan. 9 1907

Place of Burial Holy Redeemer Cemetery

Date Jan. 11th 1907

Undertaker Henry Hoeck & Son

Address 1307 E Eager St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 B 97032 Registered No. B 97032

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name John Monaghan

{ Residence, if in Baltimore, Give Street and Number. } Wilmington Del

Duration of Residence in Baltimore. Non Resident

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1862

AGE: 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) City Hospital

(Address) Calvert st

Filed 1/9 1901

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1901

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1-5 P. M. CAUSE OF DEATH (Secondary or Immediate

Shock from fractured femur, lacerated Ribs, and internal injuries

(DURATION) —

Contributory (Primary.) R.R. accident

(DURATION) 8 hrs

(Signed) B.S. Hughes Coroner M.D.

Address 216 N Caroline st

Date Jan 9 1901

Place of Burial Wilmington Del

Date Jan 9th 1901

Undertaker C. F. Fulton

Address 1711 Eutaw ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97033

City of Baltimore, (No. 1823 Baker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Loretta Maria Flaherty

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 14 1906 (Month) (Day) (Year)

AGE: — years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John M Flaherty

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Eckstein

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M Flaherty

(Address) 1823 Baker st

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany. 8th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 3 1907 to Jan 8th 1907

that I last saw her alive on Jan 8th 1907,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Acute Bronchitis

(DURATION) 5 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Chas H Duke M.D.

Jan 8th 1907 (Address) 1100 W. Lan. Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 9th 1907

UNDERTAKER: Albert F Philbin — ADDRESS: 1711 Mad

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, BALTIMORE

Ward 9 — 97034 — Registered No. B 97034

CERTIFICATE OF DEATH.

(Place of Death.) No. 1585 E Lafayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E Allen

{Residence, if in Baltimore, Give Street and Number.} North Point Rd. (Balto Co)

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH 1

AGE 28 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Morgue

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 6.10 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred'k Cullen M.D.

Address Corner N & S

Date Jan 5 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 8 - 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

307

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 97035 — Registered No. B 97035 — 167 r

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital (If death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Allen

{Residence, if in Baltimore, Give Street and Number.} 428 N. Durham St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH ..... 1.....

AGE 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Burns of body (accidental)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Carroll M.D.

Address Coroner's Office

Date Jan 7 - 07 190

Place of Burial UNIVERSITY OF MARYLAND.

Date JAN 8 - 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

OR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

30 Y

Ward 12 — 97036 — Registered No. B 97036

36 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 29th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Timms Jr.

{Residence, if in Baltimore, Give Street and Number.} 507 29th St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR Col

DATE OF BIRTH Dec. 22 1906

AGE ..... years, ... months, 16 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John Timms

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Catherine Eyles

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Bayley

(Address) 29 & Guilford Av.

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 8th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 22 1906 to Jany 8 1907

that I last saw h[illegible] alive on Jan 6 1907.

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Syphilis

Since Birth (DURATION) DAYS

Contributory (Primary.) Syphilis 5

Mother (DURATION) DAYS

(Signed) H Haughton Bayley M.D.

Address 29th & Guilford Av.

Date Jany 8 1907

Place of Burial UNIVERSITY OF MARYLAND.

Date JAN 8 - 1907 1907

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, City of Baltimore.

Ward V

97037

Registered No. B 97037

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Jackson

{ Residence, if in Baltimore, Give Street and Number. } Unknown

Duration of Residence in Baltimore. ———

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C.

DATE OF BIRTH ..... 1 .....

AGE 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 22 1907 to Jan. 7 1907 that I last saw h[illegible] alive on Jan 7 1907 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia — 2 weeks

Pulmonary Oedema

(DURATION) 3 DAYS

Contributory (Primary) Alcoholism

(DURATION) ..... DAYS

(Signed) W. A. Sorey M.D.

Address City Hospital

Date January 8 1907

Place of Burial UNIVERSITY OF MARYLAND

Date JAN 8 - 1907 190

Undertaker Commissioner of Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

309

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 8 — 97038 — Registered No. B 97038

27 r

CERTIFICATE OF DEATH.

(Place of Death.) No. 2010 Elsworth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Steanry Rezek

{Residence, if in Baltimore, Give Street and Number.} 2010 Elsworth St

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York. N.Y.

FULL NAME OF FATHER: John Rezek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Rezek

(Address) 2010 Elsworth st

Filed 1/9 1907 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 1907

I HEREBY CERTIFY, That I attended deceased from May 25, 1906 to Jan. 9 1907

that I last saw h[illegible] alive on Jan. 8 1907

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis pulmonalis.

(DURATION) 360 DAYS

Contributory (Primary.) Laryngeal tuberculosis (DURATION) 20 DAYS

(Signed) Emil Novak M.D.

Address 800 N. Broadway

Date Jan. 9 1907

Place of Burial Oak Hill

Date Jan 11 1907

Undertaker Frank Grach

Address 1904 Ballard ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

97039

Ward 9 — 97039 — Registered No. B 119 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1812 Stenneman Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josef Petr

{Residence, if in Baltimore, Give Street and Number.} 1812 Stenneman Ave

Duration of Residence in Baltimore. 19 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Josef Petr

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Petr

(Address) 1812 Stenneman Ave

Filed 1/9 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to Jan 8 1906 that I last saw h[e] alive on Jan 7 1906 and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 6 DAYS

Contributory (Primary.) Uremia

(DURATION) 1 DAYS

(Signed) H. J. Gehl M.D.

Address 1732 E. Baltimore St

Date Jan 8 1906

Place of Burial St Alphonsus

Date Jan 10 1907

Undertaker Frank Brad

Address 1904 Gorlad Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

14

97040

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97040

City of Baltimore, (No. 1303, North Fremont Ave St.; XV Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Andreas Heim

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	January (Month) 12 (Day) 1830 (Year)
AGE	76 years, 11 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Michael Heim
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Eva Weipert
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Retired Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia K Heim

(Address) 1303 N Fremont Ave

Filed 1/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 2 1907 to January 9 1907 that I last saw him alive on January 8 1907, and that death occurred, on the date stated above, at 6:30 A. M. The CAUSE OF DEATH was as follows:

Pneumonia Catarrhalis
Influenza

(DURATION) 6 DAYS

Contributory

(DURATION) DAYS

(Signed) A Heimayer M. D.

1/9 1907 (Address) 1618 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cemetery	January 12 1907
UNDERTAKER	ADDRESS
Stewart & Mowen Co	215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

97041 Registered No. B 97041

CERTIFICATE OF DEATH.

19v

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dietrich.

{ Residence, if in Baltimore, Give Street and Number. } 105 S. Chapel St.

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 12 1838

AGE 78 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Burkenroth

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Burkenroth

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Harle

(Address) 115 E West St

Filed 1/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1907

I HEREBY CERTIFY, That I attended deceased from Dec 11 1906 to Jan 7 1907 that I last saw h[illegible] alive on Jan 7 1907 and that death occurred, on the date atated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fatty Cardiac Dilitation

Senility.

(DURATION) DAYS

Contributory (Primary.)

Cardiac Trouble (DURATION) 1 DAYS

(Signed) Newton M. Hershner Jr. M.D.

Address St. Josephs Hospital

Date Jan 7 1907

Place of Burial Holy Cross Cemetery

Date Jan 10 - 1907 190

Undertaker E Harle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97042

154 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97042

Registered No. B.....

City of Baltimore, (No. 5. N. Bruce St., ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Basil Heall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: June 10 1823 (Month) (Day) (Year)

AGE: 83 years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Prince Georges Co Md

FULL NAME OF FATHER: John Heall

BIRTHPLACE OF FATHER (State or country): Prince Georges Co Md

MAIDEN NAME OF MOTHER: Susan Diggs

BIRTHPLACE OF MOTHER (State or country): Prince Georges Co Md

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Brown

(Address) 5. N. Bruce St

Filed 1/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 7 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to Jan 7 1907

that I last saw him alive on Jan 7 1907,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Oldage and
Generale Debilities (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) G W. Slater M.D.

Jan 8 1907 (Address) 1703 W. Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters Cem.	Jan 10 1907
UNDERTAKERS	ADDRESS
Crowley Bros	25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

✓

Ward 20 97048 Registered No. B 97048

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1823 W. Fayette St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca A. Reedy

{Residence, if in Baltimore, Give Street and Number.} 1823 W. Fayette St

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 24 1824

AGE 82 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER Geo. C. Keem

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Rebecca A. Medd

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Reedy

(Address) 1823 W. Fayette St.

Filed 1/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 8" 1907

I HEREBY CERTIFY, That I attended deceased from Jany 1st 1907 to Jany 7" 1907 that I last saw her alive on Jany 7" 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

1 Pneumonia

2

(DURATION) 5 DAYS

Con'tributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) Thos J. Talbot M.D.

Address 2708 Eastern Ave

Date Jany 8" 1907

Place of Burial Georgetown D.C.

Date Jan —10— 1907

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97044

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97044

City of Baltimore, (No. 1422, Hull St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Daniel J. Bannon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar. (Month) 8 (Day) 1852 (Year)

AGE: 54 years 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Daniel J. Bannon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary E. Lynch

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) X Jno J Bannon

(Address) 1329 Hull st

Filed 1/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 12 Dec 1906 to 7 Jan 1907 that I last saw him alive on 7 Jan 1907, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Congestion of Lungs (DURATION) 7 DAYS

Contributory Exhaustion (DURATION) 5 DAYS

(Signed) James Cooper M. D.

8th Jan 1907 (Address) 1332 Hull St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery — DATE OF BURIAL: Jan 10 1907

UNDERTAKER: C. & M. Flynn — ADDRESS: 4th & West Sts

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — 97045 — Registered No. B 97045

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julian Chirden Connaway

{Residence, if in Baltimore, Give Street and Number.} 6 W. Fort Ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Dec 14 1883

AGE 23 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Joseph B. Connaway

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Delia Welch

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Harry Connaway

(Address 240 E. West St.

Filed 1/9 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9th 1907.

I HEREBY CERTIFY, That I attended deceased from 1-8-1907 to 1-9-1907

that I last saw him alive on 1-9-1907.

and that death occurred, on the date stated above, at 11:30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 2 DAYS

Contributory (Primary.) Acute Chronic Appendicitis

(DURATION) 4 DAYS

(Signed) A. Brantman M.D.

Address Franklin Square Hospital

Date January 9th 1907.

Place of Burial Cedar Hill cemetery

Date Jan. 12 1907

Undertaker W. & W. G. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, STATE OF [illegible]

Ward 17 B97046 Registered No. B 97046

CERTIFICATE OF DEATH.

154 V

(Place of Death.) No. 623 W. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard H. Hundt

{Residence, if in Baltimore, Give Street and Number.} 619 W. Biddle

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: [illegible]

AGE: 73 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Hundt

(Address) 623 W Biddle St

Filed 1/10 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 9th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1907 to Jan 9th 1907

that I last saw h[illegible] alive on Jan 9th 1907,

and that death occurred, on the date stated above, at 3.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Complication of Diseases and Old age

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Samuel A. Bain M.D.

Address 619 W Biddle

Date Balto Jan. 9th 1907

Place of Burial Holy Redeemer

Date Jan 12 1907

Undertaker Wilhelm Cook

Address 302 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 22

B 97047

Registered No. B 97047

CERTIFICATE OF DEATH.

(Place of Death.) No. 514 W. Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie D. McAllister

{Residence, if in Baltimore, Give Street and Number.} 514 W. Barre st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 25 1899

AGE: 7 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Patrick McAllister

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Anderson

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lance Hamilton

(Address) 514 W Barre St

Filed 1/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 9. 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Jan 9 1907

that I last saw her alive on Jan 7 1907,

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis, Exhaustion,

(DURATION) DAYS

Contributory (Primary.) Examination (DURATION) DAYS

(Signed) L. McLampsin M.D.

Address 602 N. Paca St

Date Jan 9. 1907

Place of Burial Holy Cross

Date Jan 11 1906

Undertaker Lowndes

Address 502 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97048

City of Baltimore, (No. 1710 Greenmount Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Christian B Morris

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Painter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H. L. Dearholt

(Address) 1710 Greenmount Ave

Filed 1/10 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Jan 1907

that I last saw him alive on Jan 8 1907,

and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH was as follows:

Paralysis (Left Hemiplegia)

(DURATION) 7 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) H. L. Dearholt M. D.

Jan 10 1907 (Address) 16 W Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Jan 11 1907

UNDERTAKER: Wm Cook

ADDRESS: 702 E Nor...

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 B 97049 Registered No. B 97049

45r

CERTIFICATE OF DEATH.

(Place of Death.) No. 1524 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Kinzer

{Residence, if in Baltimore, Give Street and Number.} 1524 E Biddle st

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	October 19th 1839
AGE	67 years, 2 months, 19 days
~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	Married
BIRTHPLACE (State or country)	Chestertown Md
FULL NAME OF FATHER	Absalom W. Sparks
BIRTHPLACE OF FATHER (State or country)	Queen Anns Co Md
MAIDEN NAME OF MOTHER	Mary Jones
BIRTHPLACE OF MOTHER (State or country)	Kent Co Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev John D Kinzer

(Address) 1527 E Biddle st

Filed 1/10 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

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MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9th 1907

I HEREBY CERTIFY, That I attended deceased from January 1906 to Jan. 9– 1907 that I last saw h er alive on Jan. 9– 1907, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

8½ hours (DURATION) DAYS

Contributory (Primary.) General Cancer

1½ Years (DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline st.

Date January 9– 1907

Place of Burial Westminster Md

Date January 12th 1906

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, [illegible]

Ward 1 — B 97050 — Registered No. B 97050

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 602 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mildred E. Banks

{Residence, if in Baltimore, Give Street and Number.} 602 N. Dallas str.

Duration of Residence in Baltimore. Since birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH October 9th 1907

AGE 0 years, 3 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Charles Banks

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Mamie Thompson

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Banks.

(Address) 411 N. Caroline St.

Filed 1/10 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1907 to Jan. 8th 1907

that I last saw her alive on Jan. 8th 1907

and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) DAYS

Contributory (Primary.) Congenital Debility

(DURATION) 7 DAYS

(Signed) Charles H. A. Mey M.D.

Address 1031 N. Caroline str.

Date January 9th 1907.

Place of Burial Laurel

Date January 10 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

B 97051 Registered No. B 97051

CERTIFICATE OF DEATH.

(Place of Death.) No. 27 N. Central ave St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fredericka Schamberg

{Residence, if in Baltimore, Give Street and Number.} 27 N Centrab ave

Duration of Residence in Baltimore. 25 Jean

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH May 12" 1837

AGE 79 years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Patzschke

(Address) 27 N. Central Ave.

Filed 1/10 1907

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8" 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 2nd 1907 to Jan. 8" 1907

that I last saw h alive on Jan. 7" 1907

and that death occurred, on the date stated above, at 9.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Cardiac Exhaustion

(DURATION) 7 DAYS

(Signed) John Roth M.D.

Address 907 Eastern Ave

Date Jany 9" 1907

Place of Burial St. Pauls Cem

Date Jany. 10 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 2 — B 97052 — Registered No. B 97052 41

CERTIFICATE OF DEATH.

(Place of Death.) No. 313 S Wolf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie E. Bush

{Residence, if in Baltimore, Give Street and Number.} 314 First St. Canton Md

Duration of Residence in Baltimore. 29 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 18 1877

AGE: 29 years, — months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Geo. Helwig

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maggie C. Helwig

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Bush

(Address) 313 S Wolf St

Filed 1/10 1907 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 7 1907

I HEREBY CERTIFY, That I attended deceased from Sept 25th 1906 to Jan 7 1907 that I last saw her alive on Jan 7 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (~~Secondary~~ or ~~Immediate~~)

Carcinoma of Duodenum

(DURATION) DAYS

~~Contributory~~ (Primary.)

(DURATION) DAYS

(Signed) Geo. A. Straus M.D.

Address 420 Hanover St

Date Jan 9 1907

Place of Burial Mt. Carmel Cem

Date Jany 10 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Canton Avenue.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 8 97053 — Registered No. B 97053

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1026 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Altvater

{Residence, if in Baltimore, Give Street and Number.} 1026 Eastern ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 16th 1884

AGE: 22 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Altvater

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Beck

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Altvater

(Address) 1026 Eastern Ave

Filed 1/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 8th 1905 to Janry 8th 1907

that I last saw h.. alive on Jan 9th 1907,

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 576 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Dorsey M.D.

Address 208 Aisquith st

Date Jan 9th 1907

Place of Burial Baltimore Cemetery

Date Jan. 10th 1907

Undertaker H. Lander & Son

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 97054 Registered No. B 97054

CERTIFICATE OF DEATH.

(Place of Death.) No. 629 Dover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Emma Gray

{Residence, if in Baltimore, Give Street and Number.} 629 Dover

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 21 1875

AGE: 31 years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Gunther

(Address) 629 Dover St.

Filed 1/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1907

I HEREBY CERTIFY, That I attended deceased from Jan 7 1907 to Jan 8 1907 that I last saw h ex alive on Jan 7 1907 and that death occurred, on the date stated above, at 1 P M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure
and General Weakness

(DURATION) 10 DAYS

Contributory (Primary) Chronic Bronchitis

(DURATION) 8 Years

(Signed) Harry Boyd M.D.

Address 602 Columbia

Date Jan 8 1907

Place of Burial Western Cemetery

Date January 10 1907

Undertaker John A. Moran

Address Bank and Arm Sts

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 9 97055 Registered No. B 97055

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob C. Pipino

{Residence, if in Baltimore, Give Street and Number.} 708 Jefferson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 1 1850

AGE 56 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John L. Pipino

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Regina Melchior

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia H. Cromwell

(Address) 902 Hopkins ave

Filed 1/10 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 9 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 29 1906 to Jan 9 1907

that I last saw him alive on Jan. 9 1907,

and that death occurred, on the date stated above, at 3:55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac dilatation

(DURATION) DAYS

Contributory (Primary.) Aortic regurgitation,

Erysipelas (DURATION) — DAYS

(Signed) W. W. Ober M.D.

Address University Hospital

Date Jan. 10 1907

Place of Burial Baltimore cem.

Date Jan. 11 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97056

Registered No. B

City of Baltimore, (No. 718 N. Carrollton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret B. Tudor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 10 (Day) 1845 (Year)

AGE: 61 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jas Getty

BIRTHPLACE OF FATHER (State or country): Boston Mass

MAIDEN NAME OF MOTHER: Magaret P Dukehart

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: ___

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanly Tudor

(Address) 718 N. Carrollton ave

Filed 1/10 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 9th. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 9 - 1906 to Jan 9 - 1907

that I last saw h[illegible] alive on Jan 9 1907,

and that death occurred, on the date stated above, at 6.30 a. m. The CAUSE OF DEATH was as follows:

Pleuritis, acute Bronchitis & Insanition, about one month (DURATION)

Contributory Chronic Bronchitis & Bronchiectasis about 20 yrs (DURATION)

(Signed) C. M. Cook M. D.

Jan. 9 1907 (Address) 1101 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ___ How long at Place of Death? ___ Days

Where was disease contracted, if not at place of death? ___

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 12 1907

UNDERTAKER: E M Mitchell — ADDRESS: 1201 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. 97057

Ward 11 B97057 Registered No. B 97057

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Garrett

{Residence, if in Baltimore, Give Street and Number.} 610½ Hoffman St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR Col.

DATE OF BIRTH 1

AGE 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Garrett

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bishop

(Address) 1107 Druid Ave

Filed 1/10 1907 HARRY D. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18 1906 to Jan 10 1907

that I last saw h[illegible] alive on Jan 10 1907

and that death occurred, on the date stated above, at [illegible] A. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) DAYS

Contributory (Primary) [redacted]

Influenza Typhoid Fever (DURATION) D[illegible]

(Signed) W. A. Storey M.D.

Address City Hospital

Date January 10 1907

Place of Burial Laurel Cemetery

Date Jan 12th 1907

Undertaker J. A. Bishop

Address 1107 Druid Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 B 97058 Registered No. B 97058

CERTIFICATE OF DEATH.

(Place of Death.) No. 1031 Wilson alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph W. Howden

{Residence, if in Baltimore, Give Street and Number.} 1031 Wilson alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 6th Jan. 1906

AGE: 1 years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Alfred Howden

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Julia Wilson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Howden

(Address) 1031 Wilson al.

Filed 1/10 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 9th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Dean Bachman M.D.

Address Two Lafayette Court,

Date Jan. 9th 1907

Place of Burial Cathedral Cem

Date January 10 1907

Undertaker Grant Wilson

Address 211 N. Carlton St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9 1 1

CERTIFICATE OF DEATH. 97059

Registered No. B.....

City of Baltimore, (No. 518 S. Fulton St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Theodore R. Thompson.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 2nd 1906 (Month) (Day) (Year)

AGE: — years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto., Md.

FULL NAME OF FATHER: Jno. N. Thompson

BIRTHPLACE OF FATHER (State or country): Balto., Md

MAIDEN NAME OF MOTHER: Estella Little

BIRTHPLACE OF MOTHER (State or country): Balto., Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. N. Thompson

(Address) 518 S. Fulton

Filed 1/10 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 9th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 5th 1907 to Jan. 9th 1907

that I last saw h in alive on Jan. 9th 1907,

and that death occurred, on the date stated above, at 8:— a. M. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

(DURATION) 4 DAYS

Contributory Asthenia (DURATION) 24 hrs.

(Signed) R. A. Warner M. D.

1/10 1907 (Address) 573 W. Lombard

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cem. DATE OF BURIAL: Jan 11, 1907

UNDERTAKER: Jos. B. Cook ADDRESS: 1003 W. Balto St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97060

City of Baltimore, (No. 942, Sharp St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Mitten

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: White

DATE OF BIRTH: August 23 1906
(Month) (Day) (Year)

AGE: ~ years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jno. P. Mitten

BIRTHPLACE OF FATHER (State or country): U. S. D. C.

MAIDEN NAME OF MOTHER: Mary E. Danecker

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P. Mitten

(Address) 942 S Sharp St

Filed 1/10 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 9 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 7 1907 to Jan 9 1907 that I last saw h[e] alive on Jan 9 1907, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Debility from Marasmus

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) Albert B. Lyman, M. D.

1a Jan 1907 (Address) 504 Sharp St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Olivet

DATE OF BURIAL: 1/10 1907

UNDERTAKER: H. B. Studley

ADDRESS: 804 Ridgely St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 10

97061 Registered No. B 97061

79 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Caroline & Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Borman

{Residence, if in Baltimore, Give Street and Number.} 934 Ensor St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH July 9 — 1857

AGE 50 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Christian Borman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary L. Clevding

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Miller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Konig

(Address) 934 Ensor St

Filed 1/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 8 — 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 10:45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Commins M.D.

Address Coroner's Office

Date Jan 8 — 07 1907

Place of Burial Baltimore

Date Jan 11th 1907

Undertaker H. C. Windefield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97062

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27v

CERTIFICATE OF DEATH.

Registered No. B 97062

City of Baltimore, (No. 1117 E. Baltimore St.; 3rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah Levinson

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH (Month) (Day) Year)	
AGE	69 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Samuel Prozer
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Segall
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elias Levinson

(Address) 1117 E. Baltimore St.

Filed 1/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 10 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 25 1906 to Jan. 9 1907 that I last saw her alive on Jan 9 1907, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

6 years (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) M. M. Savage, M.D.

1/10 1907 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Pikesville Hebrew — DATE OF BURIAL: Jan 10 1906

UNDERTAKER: Mary Levinson — ADDRESS: 1138 Lowe

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 97063 — Registered No. B 97063

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha Harris

{Residence, if in Baltimore, Give Street and Number.} 908 Harmony Lane

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Coloured

DATE OF BIRTH: 1

AGE: about 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW

Filed 1/10 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 7. 1907

I HEREBY CERTIFY, That I attended deceased from Dec 29 1906 to Jan 7 1907 that I last saw h-er alive on Jan 7 1907, and that death occurred, on the date stated above, at 1130 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Regurgitation
Coronary Thrombosis

(DURATION) DAYS

Con'tributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) Horace W. Nicholson M.D.

Address Bay View Hospital

Date Jan 8 1907.

Place of Burial Mount Auburn

Date January 10th 1907

Undertaker James H Dennis

Address 1332 Preston

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 2

97064

Registered No. B 97064

150

CERTIFICATE OF DEATH.

(Place of Death.) No. 601 S Ann st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Altemba

{Residence, if in Baltimore, Give Street and Number.} 601 S. Ann st.

Duration of Residence in Baltimore. 2yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 4th 1902

AGE: — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Altemba

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Smudgeska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Altemba.

(Address) 601 S. Ann St

Filed 1/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4th 1907 to Jan 9th 1907

that I last saw h[illegible] alive on Jan 9th 1907

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate

Epilepsy

(DURATION) DAYS

Contributory (Primary.) Congenital malformation of heart

(DURATION) DAYS

(Signed) Herman J. Geerns M.D.

Address 1937 Eastern Ave.

Date Jan 10th 1907

Place of Burial St Stanislaus.

Date Thursday Jany 10" 1907

Undertaker M. F. Sadowski.

Address 702 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

18

97065

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97065

City of Baltimore, (No. 816, Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. A. Kirby

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 25 1881 (Month) (Day) (Year)

AGE: 25 years, 5 months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Wm H Kirby.

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Ann R. Smith

BIRTHPLACE OF MOTHER (State or country): Washington Co Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont Av

Filed 1/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 9 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1906 to Jan. 8 1907 that I last saw h[im] alive on Jan 8 1907, and that death occurred, on the date stated above, at 6 a. M. The CAUSE OF DEATH was as follows:

Pneumonia

about 10 days

(DURATION) DAYS

Contributory Exhaustion

about 2 weeks (DURATION) DAYS

(Signed) C. E. Shumaker M. D.

Jan 9 1907 (Address) 2226 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: Jan 11 1907

UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 17

97066

Registered No. B 97066

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 Union St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Frederick Clokeen

{ Residence, if in Baltimore, Give Street and Number. } 509 Union St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — — 1884

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Clokeen

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Clokeen

(Address) 509 Union St

Filed 1/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 8 1907

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Jan. 8 1907

that I last saw him alive on Jan. 8 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulm. Oedema

(DURATION) 1 DAYS

Con'ributory (Primary.) Pulm. tuberculosis

(DURATION) years, DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Jan. 9 1907

Place of Burial Western

Date 1/10 1907

Undertaker Wm J. Schilling

Address 9 S. Poppleton St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 18 97067 Registered No. B 97067

CERTIFICATE OF DEATH.

(Place of Death.) No. 1016 Bayd St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John P. Kenny

{Residence, if in Baltimore, Give Street and Number.} 1016 Bayd St.

Duration of Residence in Baltimore. Dur Know

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Texas Balto Co. Md

FULL NAME OF FATHER John P. W Kenny

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Nora Travers

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Sailor Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Frank Kenny

(Address) Texas Balto Co Md

Filed 1/10 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 8th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 22 1906 to Jany 8 1907

that I last saw him alive on Jany 8 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 1 wk 2 days

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 3 months

(Signed) Henry C. Ohle M.D.

Address 1203 W. Fayette St

Date Jany 9th 1907

Place of Burial Texas Balto Co Md

Date 1/10 1907

Undertaker Wm J Schilling

Address 9 S. Pospleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97068 Registered No. B 97068

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1129 Division Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Malinda Banks

{Residence, if in Baltimore, Give Street and Number.} 1129 Division Street

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Banks

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: — — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jannie Banks

(Address) 1129 Divisionst

Filed 1/10 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 8 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 8 1907

that I last saw h alive on Jan 8 1907

and that death occurred, on the date stated above, at 3 P. M., CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

about one years (DURATION) — DAYS

Contributory (Primary.) Consumption

(DURATION) — DAYS

(Signed) Edward J. Wheatley M.D.

Address 1220 E. Mulberry

Date Jan. 9 1907

Place of Burial Mt Auburn Cemetery

Date January 10 1907

Undertaker George H Hooper

Address 609 Little Pacart

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 97069 B97069 Registered No. B

CERTIFICATE OF DEATH. 97069

(Place of Death.) No. Riggs av. near appleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. St. John

{Residence, if in Baltimore, Give Street and Number.} 19 S. Carlton av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Jones

(Address) 19 S. Carlton st.

Filed 1/10 1907 MARY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 9th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 12 a. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

dropped dead on the st.

Sweden (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. av. Govans

Date Jan. 6th 1907

Place of Burial Mt Auburn

Date Jan 10 1907

Undertaker Jno. H. Toadvine

Address 142 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 11070 Registered No. B 970.0 13

CERTIFICATE OF DEATH.

(Place of Death.) No. 1029 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John T Strickland

{ Residence, if in Baltimore, Give Street and Number. } 1029 W. Lexington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Mch 1

AGE 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John T. Strickland

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Cora Jones

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Strickland

(Address) 1029 W Lexington St

Filed 1/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1907

I HEREBY CERTIFY, That I attended deceased from Jan 7 1907 to Jan 8 1907 that I last saw h alive on Jan 8 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Cardiac Asthenia

(DURATION) 1 DAYS

(Signed) W Howard M.D.

Address 739 W Fayette St

Date Jan 9 1907

Place of Burial Laurel Cem

Date Jan 11 1907

Undertaker Jno H. Toadvine

Address 142 N Fulton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 1

B 97071 Registered No. B 97071

CERTIFICATE OF DEATH.

(Place of Death.) No. 649 Pierce st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Smith.

{Residence, if in Baltimore, Give Street and Number.} 649 Pierce st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: ? ~~Date~~ ~~9th~~ ~~1907~~

AGE: 60 years, ? months, days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Balto. Co Md

FULL NAME OF FATHER: Joseph Smith

BIRTHPLACE OF FATHER (State or country): Neg.

MAIDEN NAME OF MOTHER: Annie Dixon

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 649 Pierce St

Filed 1/10 1907

MARY J. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 9 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to Jan 7 1907

that I last saw h.. alive on Jan 7 1907

and that death occurred, on the date stated above, at 5 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. L. Lloyd M.D.

Address 639 w Franklin

Date Jan. 10 1907

Place of Burial Lamed

Date Jan — 11 — 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97072

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH. 97072

Registered No. B.....

City of Baltimore, (No. 1212, W. Wolfe St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jaylon Cox

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Henry Cox

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Julia Baker

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Fox

(Address) 1212 W Wolfe St

Filed 1/10 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to Jan 8 1907

that I last saw him alive on Jan 7 1907

and that death occurred, on the date stated above, at ..... A. M. The CAUSE OF DEATH was as follows:

Pneumonia

about 7 (DURATION) Days DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) W W White M. D.

Jan 10 1907 (Address) 1107 N Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Greenmount Cem

DATE OF BURIAL Jan 10 1907

UNDERTAKER R A Elliott

ADDRESS 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

97073

Ward 14 Registered No. B 97073

CERTIFICATE OF DEATH.

(Place of Death.) No. 1431 Madison Ave St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name James White Cohen

{Residence, if in Baltimore, Give Street and Number.} 1431 Madison Ave.

Duration of Residence in Baltimore. All life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 11 1833

AGE: 73 years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Havre de Grace, Md.

FULL NAME OF FATHER: Washington P. Cohen

BIRTHPLACE OF FATHER (State or country): Cecil Co. Md.

MAIDEN NAME OF MOTHER: Mary Hall

BIRTHPLACE OF MOTHER (State or country): Havre de Grace, Md.

OCCUPATION OF DECEASED: Clerk U.S. Court.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. H. Cannon

(Address) 401 N. Fulton Ave

Filed 1/10 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 9 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 31 1906 to Jan. 9 1907

that I last saw him alive on Jan. 9 1907 5.30

and that death occurred, on the date stated above, at A.M. CAUSE OF DEATH (Secondary or immediate)

Uraemic coma.

(DURATION) 2 DAYS

Contributory (Primary.) Chronic parenchymatous nephritis (DURATION) 2 years

(Signed) T. Harris Cannon M.D.

Address 401 N. Fulton Ave.

Date Jan. 9 1907

Place of Burial St Johns (Waverly Cemetery)

Date June 11th 1907

Undertaker Geo. J. Smith Co.

Address 1000 E. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person *of death.*

Ward 27 b 97074 Registered No. B 97074

CERTIFICATE OF DEATH.

(Place of Death.) No. 769 W Cross st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan E Stevens

{Residence, if in Baltimore, Give Street and Number.} 769 W Cross st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 30 1862

AGE: 44 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James W Stevens

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary C Salgnes

BIRTHPLACE OF MOTHER (State or country): Hayti West Indies

OCCUPATION OF DECEASED: Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Stevens

(Address) 769 W Cross

Filed 1/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 8 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1906 to Jan 8 1907 that I last saw h[illegible] alive on Jan 8 1907, and that death occurred, on the date stated above, at 2 00 P M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

one year (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAY

(Signed) J E Muse M.D.

Address 156 Columbia ave

Date Jan 9 1907

Place of Burial New Cathedral Cemetery

Date JAN 11 1907 1907

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97075

Registered No. B.....

City of Baltimore, (No. 760 St Peter St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lizzie Greendwald

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 28th (Month) (Day) 1867 (Year)

AGE: 39 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: George Wetters

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dora Daubert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Wetters

(Address) 439 Lombard st

Filed 1/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1st 1906 to Jany 9 1907

that I last saw h[illegible] alive on Jany 5 1907,

and that death occurred, on the date stated above, at ..... A.M. The CAUSE OF DEATH was as follows:

Cancer of Stomach

(DURATION) 12 Months

Contributory .....

(DURATION) ..... DAYS

(Signed) Theo Lorentz M. D.

Jany 7 1907 (Address) 914 N Chester

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Jan 12th 1907

UNDERTAKER: Philip Seewald

ADDRESS: 1192 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

B 97076

Registered No. B 97076

CERTIFICATE OF DEATH.

(Place of Death.) No. 2019 Bank St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christoph Schweinsberg

{Residence, if in Baltimore, Give Street and Number.} 2019 Bank st

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 30th 1836

AGE: 70 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Chair Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hartman daughter

(Address) 2115 Bank st

Filed 1/10 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: JAN 8 1907 190

I HEREBY CERTIFY, That I attended deceased from Apr 1905 190 5 to Jan 8th 190 7 that I last saw h.. alive on Jan 8th 190 7, and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Nephritis

3 yrs (DURATION) DAYS

(Signed) A L Tumbleson M.D.

Address 2013 Bank

Date Jan 9th 1907

Place of Burial Baltimore Cemetary

Date JAN 11 1907 190

Undertaker Christian Miller,

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

97077

Ward 18 B 97077 Registered No. B 97v.

CERTIFICATE OF DEATH.

(Place of Death.) No. 887 W Lafayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann Carney

{Residence, if in Baltimore, Give Street and Number.} 887 W Lafayette st

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 63 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Murray

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ann Murray

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Carney

(Address) 887 W Lafayette st

Filed 1/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1907

I HEREBY CERTIFY, That I attended deceased from Jan 5 1907 to Jan 10 1907 that I last saw h[illegible] alive on Jan 9 1907, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) 4 DAYS

(Signed) J Norris M.D.

Address 939 W Fayette St

Date Jan 10 1907

Place of Burial Fefes Balto Co Md

Date ~~Jan 10~~ 1907

Undertaker John J Bowman

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 21

Registered No. B 97078

CERTIFICATE OF DEATH.

(Place of Death.) No. 1348 Cleveland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Burke

{ Residence, if in Baltimore, Give Street and Number. } 1348 Cleveland

Duration of Residence in Baltimore. 45 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Md No

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: No

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John [redacted]

(Address) 1348 Cleveland

Filed Jan 11th 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

6 A 6 05

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ...

that I last saw h... alive on ..... 190 ...

and that death occurred, on the date stated above, at 6:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cutaneous Pneumonia

(DURATION) .....

Contributory (Primary.) .....

(DURATION) .....

(Signed) E. Frank Jones M.D.

Address 1348 Cleveland

Date Jan 8 1907

Place of Burial Mt. Auburn

Date Jan 11 1907

Undertaker Alfred Friedman

Address 102 N. Schroeder St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

97079

Ward 17 97079 Registered No. B 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 1019 Argyle Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth J. Booze

{ Residence, if in Baltimore, Give Street and Number. } 1019 Argyle ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1906

AGE — years, 17 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER Philip Booze

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Lydia Tomey

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rachel Tomey

(Address) 1019 Argyle Ave

Filed 1/11 1907. HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 9th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 9th 1907 to Jan. 9th 1907 that I last saw her alive on Jan. 9th 1907, and that death occurred, on the date stated above, at 8.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Samuel A. Brin M.D.

Address 619 W Biddle

Date Jan. 9th 1907

Place of Burial Mt Auburn Cemetery

Date January 11, 1907

Undertaker Felix B. Pope

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 97080 Registered No. B 97080

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 212. N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora D Dunaway

{Residence, if in Baltimore, Give Street and Number.} 212. N. Stricker St

Duration of Residence in Baltimore. 19 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female - | COLOR White

DATE OF BIRTH 1888

AGE 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md -

FULL NAME OF FATHER H - B. Dunaway

BIRTHPLACE OF FATHER (State or country) Maryland -

MAIDEN NAME OF MOTHER Annie E Dunaway

BIRTHPLACE OF MOTHER (State or country) Maryland -

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dashields

(Address) 212 N. Stricker St

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 9" 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8 1906 to Jany 8 1907

that I last saw her alive on Jany 8 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pulm. Tuberculosis

about 1 yr (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Dulany Thomas, M.D.

Address 633 N. Carrollton Ave

Date Jany 10 1907

Place of Burial Baltimore Cemetery

Date Jan - 11th 1907

Undertaker Wm H. Gaunthaup

Address 901 N Ninth Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 97081 — Registered No. B 97081

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Heinrich Meister

{Residence, if in Baltimore, Give Street and Number.} 12 Green St.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 2d 1871

AGE: 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Meister

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Aunt Annie

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Meister

(Address) S. Eutaw St

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/9/1907

I HEREBY CERTIFY, That I attended deceased from 1/5/1907 to 1/9/1907 that I last saw h.im alive on 1/9/1907, and that death occurred, on the date stated above, at 1245 ~~p~~ M. CAUSE OF DEATH (Secondary or Immediate)

Pyelonephritis

~~Cystitis~~ (DURATION) DAYS

Contributory (Primary.) Cystitis (DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date Jan 10 1907

Place of Burial Loudon Park

Date Jan 13th 1907

Undertaker Geo Lemmon & Son

Address 647 W Baltimore

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single), deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore

Ward V

97082

Registered No. B 97082

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 254 S. Chapel St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Will

{Residence, if in Baltimore, Give Street and Number.} 254 S. Chapel St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. 11 1874

AGE: 32 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm. A. Wantemiller

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Margaret Pfeifer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Will

(Address) 254 S. Chapel St.

Filed 1/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 9 1907

I HEREBY CERTIFY, That I attended deceased from Jan 9 1907 to Jan 9 1907

that I last saw her alive on Jan 9 1907,

and that death occurred, on the date stated above, at 11.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Convulsions

(DURATION) 1/2 DAYS

Contributory (Primary.) Exhaustion (DURATION) — DAYS

(Signed) Geo Keller M.D.

Address 1937 Gough St

Date Jan. 9 1907

Place of Burial Bachmans Cemetery

Date Jan 12 1907

Undertaker John A. Moran

Address Bank + Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of [illegible]

Ward V

Registered No. B 97083

97083

CERTIFICATE OF DEATH.

9 2 V

(Place of Death.) No. 1905 Alicanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Hennessy

{ Residence, if in Baltimore, Give Street and Number. } ~~Same~~ 1905 Alicanna St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Dec. 29 1906
AGE	..... years, ... months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	John J. Hennessy
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Catherine Burns
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Hennessy

(Address) 1905 Alicanna St

Filed 1/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10 1907

I HEREBY CERTIFY, That I attended deceased from Jan 5 1907 to Jan 10 1907 that I last saw h[illegible] alive on Jan 9 1907, and that death occurred, on the date stated above, at 3.30 a.m. CAUSE OF DEATH (Secondary or Immediate

Broncho Pneumonia (DURATION) 5 DAYS

Contributory (Primary.)

Asthenia (DURATION) ~ DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S Eutaw

Date Jan. 10th 1907

Place of Burial Holy Cross Cemetery

Date Jan 11 1907

Undertaker John A. Moran

Address Bank + Arm Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97034

Registered No. B .....

City of Baltimore, (No. 218 N. Montford Ave St.; 6th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henriette Blowden

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH June (Month) 18, (Day) 1842 (Year)

AGE 64 years, 6 months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Dolchester, Co. Md

FULL NAME OF FATHER Robert Johnston

BIRTHPLACE OF FATHER (State or country) Dolchester Co. Md

MAIDEN NAME OF MOTHER Sydney Butler

BIRTHPLACE OF MOTHER (State or country) Dolchester Co. Md

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamine Blowden

(Address) #218 N. Montford Ave

Filed 1/11 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January (Month) 8th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 6. 1906. to January 8th 1907

that I last saw her alive on January 5th 1907,

and that death occurred, on the date stated above, at 10. 20 A.M. The CAUSE OF DEATH was as follows:

Chronic interstitial Nephritis

6. Months (DURATION) 2. DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Robert Sachs M. D.

Jan 8th 1907. (Address) 1918 E. Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodberry Cemetery	Jan 11 1907
UNDERTAKER	ADDRESS
R. A. Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 97085 — Registered No. B 97085

CERTIFICATE OF DEATH.

(Place of Death.) No. 301 S Payson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Emrick

{Residence, if in Baltimore, Give Street and Number.} 301 S. Payson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: 1848

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. E. Bradley

(Address) 301 S. Payson St.

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9th (Mon.) 1907

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1907 to Jan 9th 1907 that I last saw her alive on Jan 9th 1907, and that death occurred, on the date stated above, at 11:15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) ..... DAYS

Contributory (Primary) Bronchio Pneumonia

(DURATION) 5 DAYS

(Signed) J. H. Ellwood M.D.

Address 11 N Carey St.

Date Jan 10th 1907

Place of Burial New Cathedral

Date Jan 11 " 1907

Undertaker F. S. Tink

Address 2113 E Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 97086 — Registered No. B 97086

CERTIFICATE OF DEATH.

19V

(Place of Death.) No. 13 N. Bradford St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Julia Stirzel

{Residence, if in Baltimore, Give Street and Number.} 13 N. Bradford St.

Duration of Residence in Baltimore. About 43 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 8th 1842

AGE: 64 years, 3 months, — days

1906 64 42 1111

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles L. Stirzel

(Address) 13 N. Bradford st

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo. A. Comitas M.D.

Address Corner Mulberry & Eutaw

Date Jan 9 — 1907

Place of Burial First Ger. Evangelical Cem

Date January 17th 1907

Undertaker Hollerman & Fallon

Address 2013 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

20

10V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97087

City of Baltimore, (No. Home for Aged of the M.E. Church (Fulton ave and Franklin) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

* [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amanda M. Lowrey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 81 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: David Hunter

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Francis Goo

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. E. Meginn

(Address) Franklin & Fulton Ave

Filed 1/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 5 1907 to Jany 9 1907 that I last saw her alive on Jany 9 1907, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Apoplexy causing Paralysis

(DURATION) 1 DAYS

Contributory La Grippe (DURATION) 5 DAYS

(Signed) Geo. C. Shannon M. D.

Jany 9 1907 (Address) 1442 Presstman St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Jan 12 1907

UNDERTAKER: Weller & Fuller — ADDRESS: 203 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 97088 — Registered No. B 97088

1087

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary T. Shanahan

{Residence, if in Baltimore, Give Street and Number.} 27 W. Preston St

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 12, 1866

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Timothy Shanahan

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Mrs. Emma Carroll

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Timothy Carroll

(Address) Hydes P.O. Balt. Co. Md

Filed 1/11 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11, 1907 to Jan 11, 1907 that I last saw her alive on Jan 11 1907 and that death occurred, on the date stated above, at 2-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Umbilical Hernia.

10 yrs (DURATION) DAYS

Contributory (Primary.) Strangulation of the Hernia (DURATION) 2 DAYS

(Signed) E. E. Hanley M.D.

Address Md. Gen. Hospital

Date Jan 11, 1907

Place of Burial Glen Iron Harford County Md.

Date 1-12- 1907

Undertaker Wm. M. Gawthrop

Address 901 N. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 97089 — Registered No. B 97089

CERTIFICATE OF DEATH.

164

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael J. Roddy

{Residence, if in Baltimore, Give Street and Number.} 443 N. Front St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Thomas Roddy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Finnan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Roddy

(Address) 1028 Hanover Ave.

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 — 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Date 1906

that I last saw h— alive on — 1906,

and that death occurred, on the date stated above, at 10:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Hypostatic)

(DURATION) DAYS

Contributory (Primary.) Fractured leg - due to accidental fall (DURATION) 2 DAYS

(Signed) Benj. D. Haydon M.D.

Address 1216 N. Caroline St

Date Jan 11 — 1907

Place of Burial Holy Cross Cemetery

Date Jan. 12 1907

Undertaker Henry Stoeckert Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

970.90

Registered No. B 970.90

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Anderson

{Residence, if in Baltimore, Give Street and Number.} 608 N. Dallas st

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~ | COLOR: ~~Colored~~ ~~White~~

DATE OF BIRTH: 1850 ~~1825~~

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Stephen Anderson

BIRTHPLACE OF FATHER (State or country): Eastern Shore Md

MAIDEN NAME OF MOTHER: Eliza Baldwin

BIRTHPLACE OF MOTHER (State or country): Eastern Shore Md

OCCUPATION OF DECEASED: ~~Housework~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 10 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Jan 10 1907

that I last saw h alive on Jan. 10 1907,

and that death occurred, on the date stated above, at 6.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Horace W. Nicholson M.D.

Address Bay View Hospital

Date Jan. 10 1907

Place of Burial Asbury Cem

Date Jan 11. 1907

Undertaker Chas G. Bailey

Address 1421 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8

HEALTH DEPARTMENT, City of Baltimore.

Ward V *Registered No. B* 97091

97091

CERTIFICATE OF DEATH.

4V

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patsick McGuire

Residence, if in Baltimore, Give Street and Number. 1609 Clifton Place

Duration of Residence in Baltimore. 51 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: 1

AGE: 52 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): West Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 1/11 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 9. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 23. 1905 to Jany. 9. 1907

that I last saw him alive on Jany. 9. 1907,

and that death occurred, on the date stated above, at 2 o'cl P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Lab. Sis.

(DURATION) 30 DAYS

Con ributory (Primary) General Paresis (DURATION) 3 yrs.

(Signed) Wm. Owens Le M.D.

Address Bay View Asylum

Date January 9. 1907.

Place of Burial Holy Cross

Date Jan 12 1907

Undertaker Wm Cook

Address 502 E. Hamilton

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 3

B 97092

Registered No. B 97092

CERTIFICATE OF DEATH.

(Place of Death.) No. 232 S. Caroline St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Meyer Schemer

{Residence, if in Baltimore, Give Street and Number.} 232 S. Caroline St -

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 1 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Philip Schemer

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Loddie Brewer

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Caplan

(Address) 1008 E. Fayette St

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 11 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1907 to Jan 10 1907

that I last saw him alive on Jan 10 1907,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory paralysis

(DURATION) DAYS

Contributory (Primary) Meningitis complicating Whooping Cough (DURATION) 10 DAYS

(Signed) J. C. Mapharon M.D.

Address 2308 E. Bond St

Date Jan. 11 1907

Place of Burial Hebrew Philip Rd Rose Dale

Date Jan 11 1907

Undertaker Max Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

97093

Registered No. B 97093

CERTIFICATE OF DEATH.

164

(Place of Death.) No. Hebrew Friendly Inn & Aged Ladies Home St. (118 and 120 Eutaw St)

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mordecai Gerber

{ Residence, if in Baltimore, Give Street and Number. Hebrew Friendly Inn & Aged Ladies Home

Duration of Residence in Baltimore. 10 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH .....

AGE 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Mordecai Gerber

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lea Sacks

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Krupman

(Address) 109-113 Augusta St

Filed 1/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h... alive on ..... 190 ....

and that death occurred, on the date stated above, at 4

11. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull Accidental

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Fredk Carruthers M.D.

Address Coroners Office

Date Jan 10-07

Place of Burial Philips Rd Roos Dale

Date Jan 11, 1907

Undertaker Mark Linnemeier

Address 113 E Low st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 23 97034 Registered No. B 97034

CERTIFICATE OF DEATH.

(Place of Death.) No. 1507 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen M. Wright

{Residence, if in Baltimore, Give Street and Number.} 1607 S. Charles St

Duration of Residence in Baltimore 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: Aug 13 1879

AGE: 27 years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Tipton Ashby

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Lelia Grantstaff

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Wright

(Address) 1507 S Charles St

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8 1907

I HEREBY CERTIFY, That I attended deceased from October 15 1906 to January 8 1907 that I last saw h[illegible] alive on January 8 1907 and that death occurred, on the date stated above, at [illegible] A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 6 Months DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. O. Brackbill M.D.

Address 1472 Lemmon St

Date January 9 1907

Place of Burial Mt Olivet Cemetery

Date Jan. 11 1907

Undertaker Edward J. Fanning

Address 1760 Battery av.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

970.05

15 or

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 970.05

City of Baltimore, (No. 20 , Albemarle St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Devid

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 7 (Month) (Day) 1907 Year)

AGE: — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Devids

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Devid.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) by Frank Davidi

(Address) 20 Albermarle St

Filed 1/11 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 9th 1907 to Jan 10 1907

that I last saw him alive on 1907,

and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Malformation

life (DURATION) DAYS

Contributory Heart failure

life (DURATION) DAYS

(Signed) A. J. Freedman M. D.

Jan 11 1907 (Address) 918 E Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: Jan 11 1907

UNDERTAKER: Louis Heaman — ADDRESS: 65 Carlton

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 97096 — Registered No. B 97096

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2522 E Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gaetze Lampe

{Residence, if in Baltimore, Give Street and Number.} 2522 E Federal St

Duration of Residence in Baltimore. 42

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W

DATE OF BIRTH: Jan. 9. 1833 1

AGE: 74 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry. Paul.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Luisa. Luis

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry. Suchting

(Address) 2522. E. Federal St

Filed 1/11 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 9 — 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4.50 a m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo. C. Cameron M.D.

Address Corner. N & P

Date Jan 10 — 07 190

Place of Burial Loudon Park.

Date Jan. 11 190 7

Undertaker Philip Leonard & Son

Address 119. S. Eutaw. St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97097

City of Baltimore, (No. 1821, Eutaw Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph F. Seldner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Age 53 (Month) 1 (Day) (Year)

AGE: 53 years ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Abm Seldner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eva Flick

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Rosenberg

(Address) 1514 Eutaw Place

Filed 1/11 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 6 1906 to Jan 9 1907

that I last saw him alive on 9th Jan 1907,

and that death occurred, on the date stated above, at 6.7 P. M. The CAUSE OF DEATH was as follows:

Diabetes Mellitus.

About Seven years (DURATION) DAYS

Contributory Phthisis Pulmonalis -

one year - (DURATION) DAYS

(Signed) Lee Cohen M. D.

Jan 10 1907 (Address) 1622 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Old Bank Removed — DATE OF BURIAL: Jany 11 1907

UNDERTAKER: J Amus & Co — ADDRESS: 1564 N Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — 97098 — Registered No. B 97098

CERTIFICATE OF DEATH.

(Place of Death.) No. 1135 N Paul St. Lytley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bessie Scribner

{Residence, if in Baltimore, Give Street and Number.} 1135 N. Parish Pl.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Apr 1 — 1895

AGE 11 years, 9 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Lloyd Scribner

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sarah Braine

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Scribner

(Address) 1135 N. Parish

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 8th 1906 to Jan 9th 1906 that I last saw her alive on Jan 8th 1906, and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis (DURATION) Not Known

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Lusk M.D.

Address 1313 N. North Ave

Date Jan 9th 1906

Place of Burial Mt. Auburn Cemetery

Date January 11 1907

Undertaker Wm. J. Johnson

Address 614 Baker St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 9709 — Registered No. B 9709 — 15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard Thomas

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: Nov 24 1906

AGE: ..... years, / months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Cuba

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. C. Asy.

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~1/9/07~~ Jan 10th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Jan 9 1907

that I last saw h~~im~~ alive on Jan 9 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 14 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H. Ebersole M.D.

Address 501 E. 22nd St

Date 1/10/ 1907

Place of Burial New Cathedral

Date Jan 12th 1907

Undertaker Martin J. Ahern & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 97100 — Registered No. B 97100 1197

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nellie McMullen

{Residence, if in Baltimore, Give Street and Number.} St Vincent's Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Sept. 26 1906

AGE: ..... years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. C. Asy

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/10 1907

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to Jan 10 1907 that I last saw h[illegible] alive on Jan 9 1907 and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. S. Gooucher M.D.

Address 521-E-22nd St

Date 1/10 1907

Place of Burial New Cathedral

Date Jan 12th 1907

Undertaker Martin Dailey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 97101 — Registered No. B 97101

CERTIFICATE OF DEATH.

(Place of Death.) No. 1818 Ashland Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ludwig Daub

{Residence, if in Baltimore, Give Street and Number.} 1818 Ashland Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: November 11th 1852

AGE: 54 years, 1 months, 30 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Daub

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Magdelena Wilderman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Daub

(Address) 1818 Ashland ave

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 10 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Jan 10 1907

that I last saw her alive on Jan 10 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia Atrophy Kidneys
Liver

(DURATION) 7 Mos

Contributory (Primary.) Bronchitis

(DURATION) 7 DAYS

(Signed) J. C. Blades M.D.

Address 143 N Broadway

Date Jan 10 1907

Place of Burial Baltimore Cemetery

Date January 13th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward \ 97102 Registered No. B 97102 ✓ 163

CERTIFICATE OF DEATH.

(Place of Death.) No. 2220 Essex St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edmond Iwantik

{Residence, if in Baltimore, Give Street and Number.} 2220 Essex

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. F. Sadowski

(Address) 703 S. Ann St

Filed 1/11 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar ✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Intussusception

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 ½ Greene St

Date Jan 11 = 1907

Place of Burial St Stanislaus

Date Jan 11 = 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward [redacted] 97103 Registered No. B 97103

151 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 821 S. Rose St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie E. Roberts

{Residence, if in Baltimore, Give Street and Number.} 82 S. Rose St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Dec 14. 1906

AGE — years, — months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John R Roberts

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Henrietta Slowik

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Roberts

(Address) 821 S. Rose St.

Filed 1/11 1907 HARRY C. ANDREWS, CHIEF CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10 1907

I HEREBY CERTIFY, That I attended deceased from on Jan. 10th 1907 to ——— 190—

that I last saw her alive on Jan 10th 1907

and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility (DURATION) 4 6/24 DAYS

Contributory (Primary.)

Asthenia (DURATION) 3 DAYS

(Signed) Wm. J. McAvoy M.D.

Address 434 S. Caton Ave

Date Jan. 11 1907

Place of Burial St. Stanislaus

Date Jan. 12 1907

Undertaker J. Walkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 97104 — Registered No. B 97104

CERTIFICATE OF DEATH.

34 ✓

Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher Urbuth

{Residence, if in Baltimore, Give Street and Number.} 1604 Thames St

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 22 1875

AGE: 31 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

(Address)

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7 1907

I HEREBY CERTIFY, That I attended deceased from Dec 7 1906 to Jan 7 1907 that I last saw h[illegible] alive on Jan 7 1907 and that death occurred, on the date stated above, at 3 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Generalized Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date Jan 7 1907

Place of Burial UNIVERSITY OF MARYLAND

Date DEC 10 1909 190...

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

309

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 21 97105 Registered No. B 97105

CERTIFICATE OF DEATH.

151V

(Place of Death.) No. 1261 Sargeant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lana M Sharp

{Residence, if in Baltimore, Give Street and Number.} 1261 Sargeant St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ____ years, 2 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ....

(Address) ....

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 10 1907 that I last saw her alive on Jan 8 1907 and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

2 months (DURATION) ____ DAYS

Contributory (Primary.)

Spasms (DURATION) 1 DAYS

(Signed) J. E. Muse M.D.

Address 833 Columbia Ave

Date Jan 11 1907

Place of Burial COLLEGE OF P & S

Date JAN 11 1906 190

Commissioner Health.

Undertaker ....

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

315

HEALTH DEPARTMENT, City of Baltimore

97106

Ward 12 B 97106 Registered No. B

CERTIFICATE OF DEATH.

4 1 V

(Place of Death.) No. 2221 Oak St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Sheers

{Residence, if in Baltimore, Give Street and Number.} 2221 Oak st

Duration of Residence in Baltimore. 18 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 27th 1826

AGE 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) England

FULL NAME OF FATHER James Townsend

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary A Mansfield

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Sheers

(Address) 2221 Oak st

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JAN 10 1907 190

I HEREBY CERTIFY, That I attended deceased from March 15 190[illegible] to Jan. 9 1907

that I last saw h[illegible] alive on Jan 9 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Rectal Cancer

(DURATION) 298 DAYS

Contributory (Primary.) General Debility (DURATION) ? DAYS

(Signed) J. Wesley Cole, M.D.

Address 730 W Fulton Ave

Date JAN 10 1907 190

Place of Burial Greenmount Cem.

Date JAN 12 1907 190

Undertaker [illegible]

Address [illegible] BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

B 97107

Registered No. B 97107

1517

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dorsey

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Dec. 17 1906

AGE ..... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Cecil

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 1/11 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/10/1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Jan 10 1907

that I last saw h[illegible] alive on Jan 9 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 7 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H Schrouch M.D.

Address 501 E 22nd St

Date 1/10/1907

Place of Burial New Cathedral

Date Jan 12th 1907

Undertaker Martin Fahey's Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — 97108 — Registered No. B 97108

CERTIFICATE OF DEATH.

(Place of Death.) No. 1010 Warner St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa P. W. Rollman

{Residence, if in Baltimore, Give Street and Number.} 1010 Warner St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 4th 1883

AGE: 23 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Christian Rollman

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Sard.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian Rollman (Father)

(Address) 1010 Warner St

Filed 1/11 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 10th 1907

I HEREBY CERTIFY, That I attended deceased from May 1906 to Jan 10, 1907 that I last saw her alive on Jan 9, 1907, and that death occurred, on the date stated above, at 6 00 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 9 Mos DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Linthicum M.D.

Address 653 Columbia Ave

Date Jan. 11, 1907

Place of Burial Cedar Hill Conn

Date Jan 12th 1907

Undertaker C. Schlosman & Sons

Address 1029 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 97109 Registered No. B 19[illegible]

CERTIFICATE OF DEATH. B 97109

(Place of Death.) No. 146 N. Collington Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Hannah P. Merritt

{Residence, if in Baltimore, Give Street and Number.} 146 N. Collington Ave

Duration of Residence in Baltimore. Three Months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 23rd 1832

AGE 74 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Delaware

FULL NAME OF FATHER Samuel Webb

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Eliza Pleasanton

BIRTHPLACE OF MOTHER (State or country) Delaware

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Lida P. Hopkins

(Address) 146 N. Collington Ave

Filed 1/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 10th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1906 to Jan 10th 1907

that I last saw her alive on 1907

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Valvular Disease of Heart (Mitral) (DURATION) DAYS

(Signed) [illegible] M.D.

Address 835 E Balt St

Date January 11th 1907

Place of Burial Shrewsbury, Kent Co Md

Date January 14th 1907

Undertaker A Walden Fuller

Address 2013 E Balt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

97110
13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97110

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 3103 E. Batto St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George S. Cripps

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. (Month) 16th (Day) 1858 (Year)

AGE: 48 years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John. Cripps

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Julia. Hudgins.

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Commission Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. S. Cripps

(Address) 211. N. Carolina St

Filed 1/14 1907

HARRY J. ANDREWS, CITY CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 10th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1906 to Jan 10th 1907

that I last saw him alive on Jan 10th 1907, and that death occurred, on the date stated above, at 8.3 A.M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Thos H. Mogness M. D.

1/11 1907 (Address) 1576. E Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 13th 1907
UNDERTAKER, G. F. Wacker	ADDRESS 723. W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. B 97111

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Nathaniel Walker.

{Residence, if in Baltimore, Give Street and Number.} 908 Park Ave.

Duration of Residence in Baltimore. 1 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR Black.

DATE OF BIRTH ..... 1 .....

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Evylen Edmunds

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Jan 12 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 13 1906 to Jan 11, 1907 that I last saw him alive on Jan 11 1907 and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) DAYS

Contributory (Primary) Pneumonia

Heart Failure (DURATION) 1 DAYS

(Signed) C. C. Langley, M.D.

Address Md Gen Hospital

Date Jan 11, 1907

Place of Burial Charlottesville Va

Date Jany 12" 1907

Undertaker Evans & Spence

Address 118 1/2 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. B 97112

81 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1336 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin F. Kent

{Residence, if in Baltimore, Give Street and Number.} 1336 N. Caroline st

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH	July 31st 1833
AGE	73 years, 5 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	John Kent
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Mary Turner
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan M. Kent

(Address) 336 N. Caroline St.

Filed Jan 12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

C.A.C.C.R. ✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 10 – 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 6 – 1906 to Jan. 10 – 1907 that I last saw h im alive on Jan. 10 – 1907 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arterial Sclerosis

4 years (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Faub M.D. ✓

Address 1219 N. Caroline st.

Date ~~January~~ January 11 – 1907

Place of Burial Druid Ridge Cemetery

Date January 12th 1907

Undertaker Evans & Spence

Address 1820 N. Mt. Royal

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

Registered No. B 97113

97113

CERTIFICATE OF DEATH.

104 V

(Place of Death.) No. 1233 S Stockton St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Healey

{Residence, if in Baltimore, Give Street and Number.} 1233 S Stockton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 5 1880

AGE 27 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore md

FULL NAME OF FATHER Michl. J. Healy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Emma E. Thomson

BIRTHPLACE OF MOTHER (State or country) Baltimore md

OCCUPATION OF DECEASED Express Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R Brooks

(Address) 17 S Calhoun St

Filed 1/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1907 to Jan 10th 1907 that I last saw h alive on Jan 10th 1907, and that death occurred, on the date stated above, at 5-30 M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Stomach

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas A. Mortimer M.D.

Address 425 N Fulton Ave

Date Jan 11th 1907

Place of Burial St. Peters Cem

Date JAN 12 1907

Undertaker Robt. Brooks & Son

Address Calhoun & Hollins Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 97114 — Registered No. B 97114

42 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Howell

{Residence, if in Baltimore, Give Street and Number.} 2725 Huntingdon Ave

Duration of Residence in Baltimore. 34 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 22nd 1865

AGE 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER John B. Ledoyen

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Loyd H. Howell

(Address) 2725 Huntingdon Ave

Filed 1/12 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 10th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 10 1907 to Jany 10 1907 that I last saw h[illegible] alive on Jany 10 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion from Cancer

(DURATION) DAYS

Contributory (Primary.) Shock (DURATION) 2 hours DAYS

(Signed) J. Walker Thomas M.D.

Address 1111 E Preston St

Date Jany 10th 1907

Place of Burial London Park

Date Jan 13th 1907

Undertaker H. E. Ehrenreich & Son

Address 919 Third Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... B97115 Registered No. B 97115

CERTIFICATE OF DEATH

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Miller

{ Residence, if in Baltimore, Give Street and Number. } 2015 E. Monument St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: Oct 20 1851

AGE: 56 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Sebastian Miller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Schmitz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Contractor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Miller

(Address) 2015 E Monument St

Filed 1/12 1907 HARRY C. PERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 7 1907 to Jan 10 1907 that I last saw h... alive on Jan 10 1907, and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Delirium Tremens

(DURATION) 3 DAYS

Contributory (Primary.) Alcoholism

(DURATION) DAYS

(Signed) Geo. H. Offutt M.D.

Address St. Josephs Hospital

Date Jan 10, 1907

Place of Burial Holy Redeemer

Date Jan 14 1907

J. Schaffer - Undertaker, 51

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same may be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and***

HEALTH DEPARTMENT, [illegible]

Ward 4 — B 97116 — Registered No. B 97116

CERTIFICATE OF DEATH.

(Place of Death.) No. 2 W Cr Paul & Fayette Sts. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A. King

{ Residence, if in Baltimore, Give Street and Number. } 2 W Cr Paul & Fayette Sts

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 15 1842

AGE: 64 years, + months, + days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Geo W King

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Daub —

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs James A. King

(Address) 2 W Cr Paul & Fayette Sts

Filed 1/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 11 1907

I HEREBY CERTIFY, That I attended deceased from Jan 5 1907 to Jan 11 1907 that I last saw h[illegible] alive on Jan 11 1907, and that death occurred, on the date stated above, at 2-10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diabetes Mellitus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry C. Houck M.D.

Address 1922 E. Pratt St.

Date Jan 11 1907

Place of Burial Loudon Park

Date Jan 14 1907

Undertaker Wm Cook

Address 503 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — B 97117 — Registered No. B 97117

CERTIFICATE OF DEATH.

(Place of Death.) No. 326 S Gilmore St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Lorena J Covey

{Residence, if in Baltimore, Give Street and Number.} 326 S Gilmore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: April 10th 1841

AGE: 65 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Wesley Smith

BIRTHPLACE OF FATHER (State or country): New Jersey

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos J Covey

(Address) 326 S Gilmore St

Filed 1/12 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1905 to Jan 10th 1907 that I last saw h[illegible] alive on Jan 7th 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Drunken

(DURATION) 90 DAYS

Contributory (Primary.) Old Age

(DURATION) DAYS

(Signed) Egbert L. Workmen M.D.

Address 125 N Fulton Ave

Date Jan 11th 1907

Place of Burial Loudon Park

Date Jan 13 1907

Undertaker Wm Cook

Address 506 E Baltimore

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97118

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 97118

Registered No. B.....

City of Baltimore, (No. 2545 Oak St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helen Hill

PERSONAL AND STATISTICAL PARTICULARS	
SEX	female
COLOR	Colored
DATE OF BIRTH	March 15 1906 (Month) (Day) (Year)
AGE	10 years, 9 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore, Md.
FULL NAME OF FATHER	Alvin Hill
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Clara Spraggins
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alvin Hill

(Address) 2545 Oak St.

Filed 1/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Jan 11 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 29 1906 to Jan 11 1907

that I last saw her alive on Jan 11 1907,

and that death occurred, on the date stated above, at 12 30 noon.

The CAUSE OF DEATH was as follows:

Pneumonia (broncho)

(DURATION) 14 DAYS

Contributory Asthenia

(DURATION) 2 DAYS

(Signed) F B Marden M. D.

Jan 11 1907 (Address) 2910 Huntingdon

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	Jan 13 1907
UNDERTAKER	ADDRESS
M. Doyle & Son	17 E. Lee St

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — B 97119 — Registered No. B 97119

CERTIFICATE OF DEATH.

27 r

(Place of Death.) No. 1039 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter F. Wood

{Residence, if in Baltimore, Give Street and Number.} 1039 Harford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE On his 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~.

BIRTHPLACE (State or country) Bucks Mc

FULL NAME OF FATHER John C. Wood

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Eleanor Carter

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Shirt maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wood.

(Address) 1332 Hillman St.

Filed 1/12 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pertussis Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk C. Carnutt M.D.

Address Coroner.

Date Jan 11 — 1907

Place of Burial Mt. Olivet Cemetery

Date Jan. 14

Undertaker Henry Hoeckstein

Address 131 E Eager St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of [illegible]

Ward 17 B 97120 Registered No. B 97120

CERTIFICATE OF DEATH. 93V

(Place of Death.) No. 562 Oxford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucian J. H. Jones

{ Residence, if in Baltimore, Give Street and Number. } 562 Oxford St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: June 19th 1904

AGE: 2 years, 7 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sgle.

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edward Jones

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Vinie Holmes

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vinie Jones

(Address) 562 Oxford St.

Filed 1/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 10th 1907

I HEREBY CERTIFY, That I attended deceased from ____ 190__ to ____ 190__

that I last saw h__ alive on ____ 190__

and that death occurred, on the date stated above, at 11.3[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 3 DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) Lucian Baltimore M.D.

Address 705 Lafayette Comp.

Date Jan. 11 m 1907

Place of Burial Mount Auburn

Date Jan 13 1907

Undertaker John H Owens & Son

Address 1222 Vivian St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

97121

Ward 1 — Registered No. B 97121 — 6-V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1613 E Chase St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Campbell

{Residence, if in Baltimore, Give Street and Number.} 1613 E Chase

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Sept 14 1842

AGE: 64 years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Campbell

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Foard

(Address) 1613 E Chase St

Filed 1/12 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11th 1907

I HEREBY CERTIFY, That I attended deceased from July 6th 1906 to January 11th 1907

that I last saw him alive on January 11th 1907

and that death occurred, on the date stated above, at 6½ P.M. CAUSE OF DEATH (Secondary or Immediate.)

Locomotor Ataxia 6 years

(DURATION)

Contributory (Primary.)

(DURATION)

(Signed) E. E. Lowe M.D.

Address 1501 E Eager St

Date January 12th 1907

Place of Burial Greenmount Cemetery

Date Jan 14 1907

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — B 97122 — Registered No. B 97122

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Jasper Harlem St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George S. Lauman

{Residence, if in Baltimore, Give Street and Number.} 140 N. Luzerne St

Duration of Residence in Baltimore. 50 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Nov 8 1832

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Henry Lauman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Lauman

(Address) 140 N. Luzerne St

Filed 1/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 — 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 10 ... M. CAUSE OF DEATH (Secondary or Immed...)

Suicide by Carbolic Ac...

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Fred'k Russell M.D.

Address Corner Read

Date Jan 10 — 07 1907

Place of Burial Mt Carmel

Date Jany 13 1907

Undertaker Robt J Turner

Address Bway. Fulton

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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97123

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97123

City of Baltimore, (No. 1209 E Federal St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaac Cuddy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 30 (Month) (Day) 1823 (Year)

AGE: 83 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: Mary McClure

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Cuddy

(Address) 1209 E Federal

Filed 1/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Jan 10 1907

that I last saw him alive on Jan 10 1907,

and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Old Age

(DURATION) DAYS

Contributory General Debility

(DURATION) DAYS

(Signed) J. W. C. Cuddy M. D.

Jan 11 1907 (Address) 937 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore — DATE OF BURIAL: Jany 14 1907

UNDERTAKER: P. Gray Tolivers — ADDRESS: Lanvale

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — B97124 — Registered No. B 97124

CERTIFICATE OF DEATH.

(Place of Death.) No. 928 N. Chapple St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vaclav Vorel

{Residence, if in Baltimore, Give Street and Number.} 928 N. Chapple st

Duration of Residence in Baltimore. 14 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Vaclav Vorel

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: C

BIRTHPLACE OF MOTHER (State or country): a

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Vorel

(Address) 928 N. Chapel St

Filed 1/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 11 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 3rd 1906 to Jan 11 1907

that I last saw h alive on Jan 10 1907

and that death occurred, on the date stated above, at 2-10 A.M. CAUSE OF DEATH (Secondary or Immediate

Cirrhosis of liver

(DURATION) X DAYS

Contributory (Primary.)

Dipsentery (DURATION) 60 DAYS

(Signed) G.L. Mulstaff M.D.

Address 913 N. Broadway

Date Jan 12 1907

Place of Burial Holy Redeemer

Date Jan 14 1907

Undertaker Frank Grach

Address 1914 Eastland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97125

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97125

City of Baltimore, (No. 1626, Druid Hill ave. St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alford Simpson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Daniel Simpson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lizzie Snowden

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Simpson

(Address) 1063 Argyle ave

Filed 1/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 25 1906 to Jany 9 1907

that I last saw him alive on Jany 9 1907,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage with paralysis following Morbid atheroma-tolerosis. ..... (DURATION) ..... DAYS

Contributory Nephritis Interstitial ..... (DURATION) ..... DAYS

(Signed) W. M. Lewis M. D.

Jany 10 1907 (Address) 1220 Linden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: January 12 1907

UNDERTAKER: Alex H. Ensley — ADDRESS: 528 N. Bridge ✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 97126 — Registered No. B 97126 IV

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William F. Kunkel

{Residence, if in Baltimore, Give Street and Number.} 1029 N. Caroline St.

Duration of Residence in Baltimore. 28 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Dec. 4th 1878

AGE: 28 years, 1 months, 6th days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John H. Kunkel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary R. Wirshner

BIRTHPLACE OF MOTHER (State or country): Wilmington Del.

OCCUPATION OF DECEASED: Organist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph A. Kunkel

(Address) 620 Hanover St.

Filed 1/12 1907 HARRY O. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 10 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 10 1907 that I last saw him alive on Jan 10 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Perforation

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever (DURATION) 21 DAYS

(Signed) Geo. H. Schuegel M.D.

Address St. Josephs Hosp.

Date Jan 10 1907

Place of Burial Holy Redeemer Cemetery

Date Jan. 14th 1907

Undertaker Germanus Thanes

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name*, *sex*, *age*, *condition* (whether married or single) of the person deceased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 97127 — Registered No. B 97127

CERTIFICATE OF DEATH.

(Place of Death.) No. 303 N. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen McCabe

{Residence, if in Baltimore, Give Street and Number.} 303 N Fulton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Oct-16th 1892

AGE: 14 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas R. McCabe

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Rose M. Carr

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Wallace

(Address) 303 N. Fulton

Filed 1/12 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Jan 11 1907

that I last saw her alive on Jan 11 1907

and that death occurred, on the date stated above, at 11 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema,

Exhaustion

(DURATION) DATE

Contributory (Primary) Typhoid Fever

(DURATION) DATE

(Signed) Fulton Leitheiser M.D.

Address 1818 N. Charles St

Date Jan 11 1907

Place of Burial Loudon Park

Date Jan 14th 1907

Undertaker C. F. McComas

Address 1729 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 97128 — Registered No. B 97128

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank M. Duffy

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: May 13th 1876

AGE: 30 years, 7 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: William Duffy

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Katherine Glenn

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Miller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jeannette Duffy

(Address) Webster Mills. Pa.

Filed 1/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 11th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 12th 1906 to Jan. 11th 1907

that I last saw him alive on Jan 11th 1907

and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pyemia

Chronic Cause

(DURATION) DAYS

Contributory (Primary.) Appendicitis

Four weeks (DURATION) DAYS

(Signed) E. W. Roberts M.D.

Address University Hospital

Date Jan 11th 1907

Place of Burial Webster Mills Pa

Date Jan 13th 1907

Undertaker Joseph Leyer

Address 1600 W North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 97129 — Registered No. B 97129

154V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Wilson

{Residence, if in Baltimore, Give Street and Number.} 1108 E Monument st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 24th 1819

AGE: 87 years, 7 months, 17 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Edward Maccabee

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W a Wilson

(Address) 808 N Wolfe st

Filed 1/12 1907 — HARRY O. ANDREWS Registrar — PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 11 1907

that I last saw her alive on Jan 11 1907

and that death occurred, on the date stated above, at 2.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) ? DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Dr. L. Tidy M.D.

Address 202 E Monument st

Date Jan 11 1907

Place of Burial Baltimore Cemetary

Date January 14th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — 97130 Registered No. B 97130

CERTIFICATE OF DEATH.

(Place of Death.) No. 142 W. Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dora Doell

{Residence, if in Baltimore, Give Street and Number.} 142 W. Clement St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 24th 1871

AGE 35 years, 4 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Volkmann

BIRTHPLACE OF FATHER (State or country) Germ

MAIDEN NAME OF MOTHER Elizabeth Lestmann

BIRTHPLACE OF MOTHER (State or country) Germ

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Doell

(Address) 142 W. Clement St

Filed 1/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1907

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1907 to Jan 11 1907 that I last saw h-r alive on Jan 11 1907 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 5 DAYS

Con'ributory (Primary.)

Asthenia (DURATION) DAYS

(Signed) [illegible] M.D.

Address 835 Light St

Date 1-11-07 1907

Place of Burial Schwartze Gem

Date Jan 14th 1907

Undertaker B. Schlosman & Son

Address 1529 Hanover St

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 97131 — Registered No. B 97131

CERTIFICATE OF DEATH.

(Place of Death.) No. 302 N. Gilmor St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie A. Southard

{Residence, if in Baltimore, Give Street and Number.} 302 N. Gilmor St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 11 1890

AGE: 17 years, 7 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Saml L Southard

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Mamie A Riley

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml A Southard

(Address) 302 N Gilmor St

Filed 1/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec 12 1906 to Jany 11 1907

that I last saw her alive on Jany 10 1907

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

Father tells me since June 06 (DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette

Date Jany 11 1907

Place of Burial Loudon Park

Date Jan 14 1907

Undertaker Geo W Little

Address 531 N Fremont Av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. B 97132

CERTIFICATE OF DEATH.

(Place of Death.) No. 202 E. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma L. Thomas

{Residence, if in Baltimore, Give Street and Number.} 202 E. Washington St 97132

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January 4th 1881

AGE: 26 years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William H. Miller

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER: Emma L. Reese

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Thomas

(Address) 202 E. Washington St

I filed Jan. 12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 17th 1906 to January 8th 1907

that I last saw her alive on January 8th 1907,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever (DURATION) DAYS

(Signed) Wm. Monmonier M.D.

Address 1830 E. Baltimore St

Date January 8th 1907

Place of Burial Mt. Carmel Cem

Date Jan. 12 1907

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

Registered No. B 97133

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Tustin

{Residence, if in Baltimore, Give Street and Number.} 138 E. Carrene St

97133

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH ... 1

AGE 35 — — —
... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) West Indies

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laisie Miller

(Address) 502 N Caroline St

Filed Jan 12 1907

HARRY C. ANDREWS, PERMIT CLERK (Registrar)

Laik

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11 1907

I HEREBY CERTIFY, That I attended deceased from Jan 7 1907 to Jan 11 1907 that I last saw h[illegible] alive on Jan 11 1907 and that death occurred, on the date stated above, at 3 a m. CAUSE OF DEATH (Secondary or Immediate)

Ac. Lobar Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Aortic Insufficiency (DURATION) 4 Years

(Signed) S. Strouse M.D.

Address Johns Hopkins Hosp.

Date Jan 11 1907

Place of Burial Laurel

Date Jan 13 1907

Undertaker J R Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

Registered No. B 97134

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 420 – East 23 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Purnell

{ Residence, if in Baltimore, Give Street and Number. } 420 – East 23 St

97134

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1

AGE: ..... years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Fletcher Brutus

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Alice Purnell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother Alice Purnell

(Address) 1047 Shields alley

Filed Jan. 12 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10 1907

I HEREBY CERTIFY, That I attended deceased from Jan 6 1907 to Jan 10 1907

that I last saw him alive on Jan 10 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. G. Lehmuth M.D.

Address 424 East 23 St

Date Jan. 12 1907

Place of Burial Laurel

Date Jan 12 1907

Undertaker R. A. Elliott

Address 506 Ropers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 97135

Ward 9 — 97135 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Augustus L. Clayton

{Residence, if in Baltimore, Give Street and Number.} 2406 Greenmount Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wells A. Clayton

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary E. Lukins

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Geo. Archer

(Address) Wilma Md

Filed 1/12/ 1907 JAMES T. CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 11 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan 9 to death 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 N. Carolina st

Date Jan. 12. 1907

Place of Burial Greenmount Cem

Date January 18 th 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 97136

Ward 17 97136 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 630 Greenwillow St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm E. Harman

{Residence, if in Baltimore, Give Street and Number.} 630 Greenwillow St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH 1

AGE 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER William Harman

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annie Davis

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Harman

(Address) 630 Greenwillow st

Filed 1/12 1907 HARRY D. ANDREWS, CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 11th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 4th 1907 to Jan. 11 1907 that I last saw him alive on Jan. 10th 1907, and that death occurred, on the date stated above, at 2.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

about (DURATION) 6 DAYS

Contributory (Primary.) Tobacconemonia (DURATION) 1 DAYS

(Signed) Samuel A Baine M.D.

Address 609 W Biddle St

Date Jan 11th 1907

Place of Burial Mt Auburn Cemetery

Date January 13th 1907

Undertaker Felix B Pye.

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 97137 Registered No. B 97137

176

CERTIFICATE OF DEATH.

(Place of Death.) No. 1306 Harford Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Harry Stolar

{Residence, if in Baltimore, Give Street and Number.} 1306 Harford Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy | COLOR White

DATE OF BIRTH [illegible] Jan [illegible] 1907

AGE — years, — months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Max [illegible]

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sophie Sutinsky

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Sutinsky

(Address) 1306 Harford ave

Filed 1/12/1907 HARRY B. ANDREWS, [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1907.

I HEREBY CERTIFY, That I attended deceased from at [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 12 190 7,

and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate.)

Compression of brain
(by fall Labor)

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) A J Carroll M.D.

Address 1140 E Balto

Date 190

Place of Burial Philip RD Loas Dale

Date Jan 12, 1907

Undertaker Max Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 97138 Registered No. B 97138

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Miller

{Residence, if in Baltimore, Give Street and Number.} 25 24 Foster Ave.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Miller

(Address) 505 N. Chester

Filed 1/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Jan 12 1907

that I last saw h.. alive on Jan 11 1907.

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate

Senility - Cystitis Pos...

(DURATION) 3 DAYS

Contributory (Primary) Senility -

Fracture Dislocation of Shoulder - (DURATION) ... DAYS

(Signed) J. W. Hershner M.D.

Address St. Josephs Hospital

Date Jan 12 1907

Place of Burial St Alphonsus

Date Jan 14 1907

Undertaker Wendell Duffy & Son

Address 3305 Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 97139 — Registered No. B 97139

CERTIFICATE OF DEATH.

(Place of Death.) No. 739, N. Chester st. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Catharine Bieger

{Residence, if in Baltimore, Give Street and Number.} 739, N. Chester st.

Duration of Residence in Baltimore. 55 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: 83 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bieger

(Address) 739 N. Chester

Filed 1/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 12 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Jan. 12 1907 that I last saw h-er alive on Dec. 19 1906 and that death occurred, on the date stated above, at 9.30 a. m. CAUSE OF DEATH (Secondary or Immediate

marasmus, Senile

senile [illegible] (DURATION) ... DAYS

Contributory (Primary.) Injury to hip joint by a fall (DURATION) 179 DAYS

(Signed) Jno. G. Jamison M.D.

Address 121, Jackson Square

Date Jan. 12 1907

Place of Burial St Alphonsus

Date Jan 14 1907

Undertaker Wendell Diffenderffer

Address 330 S Bond st

WM. J. C. DULANY CO., BALTIMORE.

97140

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97140

Registered No. B .....

City of Baltimore, (No. City Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret M. Potts

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 13 1857 (Month) (Day) (Year)

AGE: 50 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: H. R. Busteed

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: -

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Robert H. Potts.

(Address) 2109 Walbrook Ave

Filed 1/13 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 12th, 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 20th, 1906 to Jan. 12th, 1907

that I last saw h.. alive on Jan. 12th, 1907,

and that death occurred, on the date stated above, at 5.25 A. M. The CAUSE OF DEATH was as follows:

Carcinoma uteri

Several years (DURATION) ..... DAYS

Contributory Exhaustion

Several weeks (DURATION) ..... DAYS

(Signed) Wallace Baysmore M. D.

Jan. 13 1907 (Address) 2202 N. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 2109 Walbrook Ave. How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Catonsville Cemetery DATE OF BURIAL: Jan 15 1907

UNDERTAKER: Jas B. Cook ADDRESS: 1032 Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — 97141 — Registered No. B 97141

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 E. Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oliver H. Wentz.

{Residence, if in Baltimore, Give Street and Number.} 16 E Fort Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 11 1871

AGE: 35 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James Wentz

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Martha Detrow

BIRTHPLACE OF MOTHER (State or country): Frederick Md

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella Wentz (wife)

(Address) 16 E Fort Ave

Filed 1/13 1907 — HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 11 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 1.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus:

Due to pistol shot wound in the hand. Accidental discharge of pistol while (DURATION) DAYS

Contributory (Primary) handling the same on January 1907. (DURATION) DAYS

(Signed) Otto M. Reinhardt M.D.

Coroner

Address

Date January 12 1907

Place of Burial Western Cem.

Date Jan 14 1907

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 97142 — Registered No. B 97142

CERTIFICATE OF DEATH.

(Place of Death.) No. 407 Glen Edward Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Mullen

{Residence, if in Baltimore, Give Street and Number.} 407 Glen Edward Ave

Duration of Residence in Baltimore. d. f.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Grove

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Mullen

(Address) 407 Glen Edward Ave

Filed 1/13 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ... that I last saw h ... alive on ... 190 ... and that death occurred, on the date stated above, at 3.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carbolic Acid Poisoning self administered with suicidal attempt. (DURATION) DAYS

Con'ributory (Primary.) ... (DURATION) DAYS

(Signed) Clinton Guttenberg M.D.

Address 1818 N. Eden

Date Jan 12 1907

Place of Burial St Marys Cem Hampden

Date Jan 14 1907

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — 97143 — Registered No. B 97143

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 W. Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Weyler Kirwan.

{Residence, if in Baltimore, Give Street and Number.} 10 W. Fort Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 31 1898

AGE: 8 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm F. A Kirwan

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md

MAIDEN NAME OF MOTHER: Margaret A Weyler

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. A Kirwan (Father)

(Address) 10 W. Fort Ave

Filed 1/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....;

and that death occurred, on the date stated above, at 4.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Laceration of the Brain also Fracture of Skull due to having been struck about the head by Engine # 1890 of the B & O R R Co at Race & Fort Ave crossing January 5 1907. (DURATION) ..... DAYS

Contributory (Primary) Accidental death

(DURATION) ..... DAYS

(Signed) H. M. Reinhardt M.D. Coroner

Address .....

Date January 12 1907

Place of Burial Cedar Hill cemetery

Date Jan 13 1907

Undertaker W. P. M. S. Flynn

Address 428 West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 97144 — Registered No. B 97144

CERTIFICATE OF DEATH.

(Place of Death.) No. 1624 E. Fair, ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nora Aloysius Fitzgerald.

{Residence, if in Baltimore, Give Street and Number.} 1624 E. Fair. ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Jeffry Fitzgerald

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. J. Fitzgerald

(Address) 1624 Fair ave.

Filed 1/13 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12, 1907

I HEREBY CERTIFY, That I attended deceased from December 28, 1906 to January 12, 1907 that I last saw h[illegible] alive on January 11, 1907 and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma,

(DURATION) 1 DAYS

Contributory (Primary.) Acute Nephritis

(DURATION) Days

(Signed) Albert L. Chambers M.D.

Address 614 S. Paca St

Date January 12, 1907

Place of Burial Cathedral cemetery

Date Jan 15 1907

Undertaker H. & M. S. Flynn

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1st — 97145 — Registered No. B 97145

CERTIFICATE OF DEATH.

(Place of Death.) No. 903 Binney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Henson

{Residence, if in Baltimore, Give Street and Number.} 903 Binney St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH Nov 14 1906

AGE ..... years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Benj H Henson

BIRTHPLACE OF FATHER (State or country) Balto County

MAIDEN NAME OF MOTHER Martha J. Hammon

BIRTHPLACE OF MOTHER (State or country) Anne Arundel County

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ben H. Henson

(Address) 903 Binney St

Filed 1/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 11 1907

I HEREBY CERTIFY, That I attended deceased from Jany 10 1906 to Jany 11 1906 that I last saw her alive on Jany 11 1906 and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 7 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) A L Long M.D.

Address 2429 Fait Ave

Date Jany 11 1907

Place of Burial Asbury Cem.

Date Jan 13th 1907

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97146

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97146

City of Baltimore, (No. 402 W. Hoffman St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florence E. Warfield

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — (Month) 1 (Day) — (Year)

AGE: 59 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Frank Boone

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie Bee

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) 1107 Druid

Filed 1/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1906 to Jan 12 1907 that I last saw her alive on Jan 9 1907, and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Arteria sclerosis and Interstitial nephritis

two or three years (DURATION) ——— DAYS

Contributory Uraemia & Cardiac failure (DURATION) ——— DAYS

(Signed) C. M. Cook M. D.

Jan 12 1907 (Address) 1101 W. Lanvale St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Jan 16 1907

UNDERTAKER: [illegible] — ADDRESS: 1107 Druid Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

B97147

Registered No. B 97147

34 v

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~Thelma Zarzycka~~ 714 S. Bethel St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Thelma Zarzycka~~ Valeria Zarzycka

{Residence, if in Baltimore, Give Street and Number.} 714 S. Bethel St.

Duration of Residence in Baltimore. 18 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Mathew Zarzycki

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Don't Know.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Zarzycki,

(Address) 714 S. Bethel St

Filed 1/13 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 11 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 11 1907 that I last saw h-r alive on Jan 11 1907, and that death occurred, on the date stated above, at 3.6 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Tuberculosis

(DURATION) 49 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. G. Rauch M.D.

Address 1000 E. Baltimore St.

Date Jan 11 1907

Place of Burial St Stanislaus,

Date Monday Jan 14" 1907

Undertaker M. F. Sadowski,

Address 703 S. Ann. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 97148 — Registered No. B 97148

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Gray

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	~~Single~~ Male
COLOR	W.
DATE OF BIRTH	1827
AGE	79 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	James Gray
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Catherine Kelley
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley Sts

Filed 1/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw him alive on Jany 10 1907

and that death occurred, on the date stated above, at 4.15 a. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

3 weeks (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. McNamee M.D.

Address 1133 Valley n

Date Jany 13 1907

Place of Burial Holy Cross

Date January 14th 1907

Undertaker Henry C. Wiedefeld

Address 914 Greenmount ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1X

97149 Registered No. B 97149

43

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Maywood

{Residence, if in Baltimore, Give Street and Number.} La Grange Ill

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 40 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Ill.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Actress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo McCleary

(Address) Johns Hopkins Hospital

Filed 1/13 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11 1907 to Jan 12 1907 that I last saw h alive on Jan 12 1907 and that death occurred, on the date stated above, at 1.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Post Operative Shock

(DURATION) DATE

Contributory (Primary.) Carcinoma of Breast

(DURATION)

(Signed) S. Strouse M.D.

Address Johns Hopkins Hosp.

Date Jan 12 1907

Place of Burial La Grange Ill.

Date JAN 13 1907

Undertaker Wm. C. Duffy

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 97150

Ward ..... 97150 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Nichols

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: [illegible] years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): West India

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt. BAY VIEW ASYLUM.

(Address)

Filed 1/13/ 1907 HARRY D. ANDREWS, CITY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Jan 10th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 5 1907 to Jan 10 1907 that I last saw him alive on Jan 10 1907 and that death occurred, on the date stated above, at 11.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute endocarditis. Acute dilitation, Chronic diffuse nefritis

..... (DURATION) ..... DAYS

Con'tributery (Primary Arteriosclerosis.

..... (DURATION) ..... DAYS

(Signed) Horace W. Nicholson M.D.

Address Bay View Hospital

Date Jan 11 1907

Place of Burial Lamed a

Date Jan 14th 1907

Undertaker Wm J Graham

Address 1421 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97151

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — B 97151 — Registered No. B .....

CERTIFICATE OF DEATH.

1647

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Radumir Kovitz

{Residence, if in Baltimore, Give Street and Number.} 860 N Howard St. Balto Md

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH 1

AGE 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Israel Kovitz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Mary Goldman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. Blank

(Address) 808 Druid Hill Ave

Filed 1/13/1907 HENRY P. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 — 190

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....

and that death occurred, on the date stated above, at 8 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull.
— acc —

.....(DURATION).....DAYS

Contributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) Fred H Carnett M.D.

Address Coroners Office

Date Jan 11 — 1907

Place of Burial Philip Rd Rock Dale

Date Jan 13, 1907

Undertaker Max Levinson

Address 1138 Low st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. 97152

Ward II B 97152 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minna Hymes

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 47 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1860

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt. BAY VIEW ASYLUM.

(Address)

Filed 1/13/ 1907 HARRY [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12. 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to Jany. 12 1907 that I last saw her alive on Jany 12 1907 and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) Seven Days

Contributory (Primary)

(DURATION) DAYS

(Signed) W. W. Ramsby M.D.

Address Bay View Asylum

Date January 12. 1907

Place of Burial Fells Point Cemetery

Date Jan 14th 1907

Undertaker Jacob Hirsch Co.

Address 954 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97153

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 97153

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 3218 Evergreen Terrace St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wallace Patterson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1 (Month) 13 (Day) 1907 (Year)

AGE: About 15 minutes ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 3218 Evergreen Terrace

FULL NAME OF FATHER: David M Patterson

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie Murphy

BIRTHPLACE OF MOTHER (State or country): Ohio New York

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. M. Patterson

(Address) 3218 Evergreen Terrace

Filed 1/13/ 1907 CLERK OF ... Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 13 (Month) (Day) 190 7 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw him ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Premature birth
Viable for about
15 Minutes after birth

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) A C Pole M. D.

Jan 13 190 7 (Address) 2038 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Jan. 14 190 7

UNDERTAKER: Joseph Lyser

ADDRESS: 160 W. Mad... Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7D

97154

Registered No. B 97154

CERTIFICATE OF DEATH.

(Place of Death.) No. 425 S. Smallwood St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A. Bowman

{ Residence, if in Baltimore, Give Street and Number. } 425 S. Smallwood

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: Nov. 29th 1879

AGE: 27 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Hoffman.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Brender

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lena Dunkley

(Address) 425 S. Smallwood St.

Filed 1/14 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 11th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 15 1906 to Jany 11 1907 that I last saw her alive on Jany 9 1907, and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Syncope.

(DURATION) DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) 27 DAYS

(Signed) M. A. O'Neill M.D.

Address 1315 Hollins St

Date Jany 12 1907

Place of Burial New Cathedral

Date Jan 14 1907

Undertaker Jas. B. Cook

Address 1003 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

97155

Registered No. B 97155

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Vetters

{Residence, if in Baltimore, Give Street and Number.} 1150 Ridgely St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 1851

AGE 55 years, 8 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Verney

BIRTHPLACE OF FATHER (State or country) Washington DC

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Vetters

(Address) 1030 Maiden's St

Filed 1/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12, 1907

I HEREBY CERTIFY, That I attended deceased from 12-27 1906 to 1-12 1907

that I last saw h[illegible] alive on Jan. 12, 1907

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Apoplexy

(DURATION) — DAYS

Contributory (Primary.) Arterio Sclerosis

(DURATION) Unknown DAYS

(Signed) H. E. Brantham M.D.

Address Franklin Square Hosp

Date January 12, 1907

Place of Burial London Park

Date Jan 15 1907

Undertaker J. R. Pook

Address 1103 W. Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 24

97156 Registered No. B 97156

CERTIFICATE OF DEATH.

(Place of Death.) No. 1432 Garret av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Kirsch

{Residence, if in Baltimore, Give Street and Number.} 1432 Garret av

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 1905

AGE: — years, 15 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Hungary

FULL NAME OF FATHER: Peter Kirsch

BIRTHPLACE OF FATHER (State or country): Hungary

MAIDEN NAME OF MOTHER: Anna Schumacher

BIRTHPLACE OF MOTHER (State or country): Hungary

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Kirsch

(Address) 1432 Garret av

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13 1907

I HEREBY CERTIFY, That I attended deceased from Jany 2d 1907 to Jany 13th 1907 that I last saw h[illegible] alive on Jany 12 1907 and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac paralysis (DURATION) — DAYS

Contributory (Primary.)

Diphtheria (DURATION) 11 DAYS

(Signed) Skahw M.D.

Address 1510 E. Fort Av

Date Jany 13 1907

Place of Burial Holy Cross C.G. Co.

Date Jan 14 1907

Undertaker Jos. Stanfield

Address 1318 Light St.

10 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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97157

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1V

CERTIFICATE OF DEATH.

Registered No. B 97157

City of Baltimore, (No. 1444, Richardson St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Roman Novak

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 28 (Day) 1903 (Year)

AGE: 3 years, 5 months, 13 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Simon Nowak

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Antonia Pominska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon Nowak

(Address) 1444 Richardson

Filed 1/14 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 11 Dec 1906 to 13th Jan 1907 that I last saw him alive on 13th Jan 1907, and that death occurred, on the date stated above, at 1 a M. The CAUSE OF DEATH was as follows:

Scalet Fever

(DURATION) 21 DAYS

Contributory Nephritis

(DURATION) 14 DAYS

(Signed) James Corpen M. D.

13 Jan 1907 (Address) 1322 Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Stanislaus — DATE OF BURIAL: Jan 14th 1907

UNDERTAKER: Jos. Stuntebeck — ADDRESS: 1318 Light

3 P M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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97158

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151 r

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97158

City of Baltimore, (No. 1606, Division St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Mason

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Negro
DATE OF BIRTH: Jan. (Month) 12 (Day) 1907 (Year)	
AGE: 0 years, 0 months, 1/2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER: Robert Mason	
BIRTHPLACE OF FATHER (State or country): Davidson, Md	
MAIDEN NAME OF MOTHER: Lena Mason	
BIRTHPLACE OF MOTHER (State or country): Rutland Md.	
OCCUPATION OF DECEASED: X	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. A. Mason

(Address) 1606 Division St

Filed 1/14 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 12 1907 to Jan 13 1907 that I last saw him alive on Jan 12 1907, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Premature child (7 mos).

(DURATION) 1/2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Mary M. Brown M. D.

Jan 13 1907 (Address) 510 Park Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 14 1907
UNDERTAKER: Alex H. Smoly	ADDRESS: 678 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City

Ward 17 Registered No. B 97159

CERTIFICATE OF DEATH. B 97159

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Rebecca Smallwood

{Residence, if in Baltimore, Give Street and Number.} 1119 Division St

Duration of Residence in Baltimore. 75 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH 1

AGE 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Wm Smith

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Liza Cherry

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Baldwin

(Address) 610 Stanton St.

Filed 1/14 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1907 to Jan 12 1907

that I last saw her alive on Jan 12 1907

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate

Chronic Brights disease.

2 days. (DURATION)

Contributory (Primary.) Pneumonia.

2 days (DURATION)

(Signed) E. E. Langley

Address Md. Gen. Hosp.

Date Jan 12, 1907

Place of Burial Mt Auburn

Date January 14 1907

Undertaker [illegible]

Address 67 [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

7160

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97160

City of Baltimore, (No. 1104 S. Paca St.; ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa C. Thorn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 23rd (Day) 1835 (Year)

AGE: 71 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wiegand Bloessel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Aug. Pauli

(Address) 1104 S. Paca St

Filed 1/14 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 12th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Jan 12 1907

that I last saw her alive on Jan 1907 11th,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage with Paralysis of left side

(DURATION) 4 DAYS

Contributory Heart failure

(DURATION) 1 DAYS

(Signed) Wm Gambrill M. D.

Jan 12th 1907 (Address) 1704 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death ... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Jan 14th 1907

UNDERTAKER: Philip Seewald & Son

ADDRESS: 119 S. Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City

Ward V

97161

Registered No. B 97161

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Hoolihan

{Residence, if in Baltimore, Give Street and Number.} 1905 Alice Ann St.

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Unknown 1868

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Trainor

(Address) 425 Myrtle Ave

Filed 1/14 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1907

I HEREBY CERTIFY, That I attended deceased from Oct 19 1906 to Jan 13 1907

that I last saw h[illegible] alive on Jan 12 1907

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cachexia & Exhaustion

(DURATION) DAYS

Contributory (Primary.) Gastric Carcinoma (DURATION) 3 Mos. Days

(Signed) Geo H. Pflueger M.D.

Address St. Joseph's Hosp.

Date Jan 13 1907

Place of Burial St Peters Cem.

Date Jany 14th 1907

Undertaker Wm Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 97162

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B97162

City of Baltimore, (No. Providence Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sydney Bush

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH Dont know — (Month) (Day) 1 Year)

AGE 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Charles Bush

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Bush

(Address) 621 China St.

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Jan 11 1907

that I last saw h alive on Jan 11 1907.

and that death occurred, on the date stated above, at 3.05 P.M. The CAUSE OF DEATH was as follows:

Abdominal Tuberculosis
Associated with Cancer
of Glandes of Intestin
(DURATION) DAYS

Contributory Shock following Operation
(DURATION) DAYS

(Signed) J. Thomas Tilson M.D.

Jan 11 1907 (Address) 1300 E. Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1702 Presidentia How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Laurel Cemetery — DATE OF BURIAL January 14 1907

UNDERTAKER Felix B. Pyle — ADDRESS 1026 Madison St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEAL[TH] [DEPARTMENT], [City]

Ward 5

Registered No. B 97163

97163

CERTIFICATE OF DEATH.

(Place of Death.) No. 1348 N Fremont St

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John W Walker

{Residence, if in Baltimore, Give Street and Number.} 1348 Fremont St

Duration of Residence in Baltimore. Life. Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Me
COLOR	Col
DATE OF BIRTH	August 23 1906
AGE	4 years, months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Boy
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Green Walker
BIRTHPLACE OF FATHER (State or country)	N. C.
MAIDEN NAME OF MOTHER	Mary Hall
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Green Walker

(Address) 1348 N. Fremont St

Filed 1/14 1907

HARRY O. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 190

I HEREBY CERTIFY, That I attended deceased from Jan 12 190 7 to Jan 13 190 7

that I last saw him alive on Jan 13 190 7

and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate)

1 Broncho-Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION)

(Signed) H. C. Houck

Address 1922 Vanna Ave

Date Jan 13-07 190

Place of Burial St Peters Cemetery

Date Jan. 14 190 7

Undertaker Felix B. Pyz

Address 102 S Milton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

B97164

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B97169

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missing

HEALTH DEPARTMENT, City of Baltimore. 971.

97170 Registered No. B

Ward 23

CERTIFICATE OF DEATH.

(Place of Death.) No. 111 W. Oxford St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Annie McCluskey

{Residence, if in Baltimore, Give Street and Number.} 111 Oxford St

Duration of Residence in Baltimore. Fifty years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH -12-20- 1840

AGE 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER do not know

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER do not know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Sturgeon

(Address) 111 W Oxford

Filed 1/14 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 190

I HEREBY CERTIFY, That I attended deceased from Dec 16 1906 to Jan 12 1907

that I last saw h[illegible] alive on Jan 11 190

and that death occurred, on the date stated above, at [illegible] a. m.

CAUSE OF DEATH (Secondary or Immediate)

Chronic Debility and Senile Weakness

(DURATION) 3 [illegible]

Contributory (Primary) [illegible]

(DURATION) 28 [illegible]

(Signed) Harry Boyd

Address 602 Columbia

Date Jan 12

Place of Burial New Cathedral

Date Jan. 15

Undertaker John J. [illegible]

Address 632 W[illegible]

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97171

Registered No. B.....

City of Baltimore, (No. 1401, Riverside Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank V. Brocatto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	4 (Month) 10 (Day) 1890 (Year)
AGE	17 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Italy
FULL NAME OF FATHER	Samuel Brocato
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Antonietta Bruno
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Brocatto

(Address) 1401 Riverside Ave.

Filed 1/14 1907

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 6 1906 to Jan 12 1907

that I last saw h~~im~~ alive on Jan 12 1907,

and that death occurred, on the date stated above, at 11 5.5~~8~~0 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Phthisis

one year (DURATION) ..... DAYS

Contributory asthenia

one week (DURATION) ..... DAYS

(Signed) M. Cavaleri M. D.

Jan 13 1907 (Address) 827 Aisquith

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	Jan 14 1907
UNDERTAKER	**ADDRESS**
John J. Fahey	1258 Hillen St

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 97172 — Registered No. B 97172

CERTIFICATE OF DEATH.

(Place of Death.) No. 1532 Boyle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name May Trust

{Residence, if in Baltimore, Give Street and Number.} 1532 Boyle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: December 5 1871

AGE: 35 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Colter

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Ellen Taylor

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant's) Herman Trust (Husband)

(Address) 1532 Boyle St

Filed 1/14 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

Uraemia

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H. M. Feinhardt M.D.

Address Coroner

Date January 12 1907.

Place of Burial Balto Cemetery

Date Jan 14 1907

Undertaker John J. Fahey

Address 1532 Williams

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — 97173 — Registered No. B 97173

CERTIFICATE OF DEATH.

657

(Place of Death.) No. Medfield, Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sevilla Fisher

{Residence, if in Baltimore, Give Street and Number.} Medfield, Falls Road

Duration of Residence in Baltimore. 70 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 16 1833

AGE: 73 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Henry Bobuck

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Barbra Zingling

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ryan

(Address) 218 Sycamore

Filed 1/14 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 13th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 28th 1906 to Jan 13th 1907

that I last saw h[illegible] alive on Jan 2 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral softening

(DURATION) 3 months

Contributory (Primary)

(DURATION)

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date Jan 18th 1907

Place of Burial St Mary's

Date Jan 15

Undertaker A. S. Wormald

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

97174

Ward 10

Registered No. B 97174

CERTIFICATE OF DEATH.

(Place of Death.) No. 229 N. Gilmore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Louisa Lowry

{Residence, if in Baltimore, Give Street and Number.} 229 N. Gilmore St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1867
AGE	40 years, 8 months, - days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Baltic Md
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	Baltic md
MAIDEN NAME OF MOTHER	Regina allers
BIRTHPLACE OF MOTHER (State or country)	Baltic md
OCCUPATION OF DECEASED	House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Lowry

(Address) 229 N Gilmor st

Filed 1/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 12, 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1907 to Jan. 12, 1907

that I last saw h[illegible] alive on Jan. 12, 1907

and that death occurred, on the date stated above, at 10 [illegible] M.

CAUSE OF DEATH (Secondary or Immediate)

a. Tuberculosis

(DURATION) X DAYS

Contributory (Primary.) X

(DURATION) X DAYS

(Signed) E. A. Dicky M.D.

Dispensary Physician

Address Franklin Square Hospital

Date Jan. 12, 1907

Place of Burial Loudon Park Cem.

Date JAN 15 1907 1907

Undertaker Robt Brooks & Son

Address Calhoun & Hollins sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 — 97175 — Registered No. B 97175

154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1219 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Catherine Parker

{Residence, if in Baltimore, Give Street and Number.} 1219 N. Broadway

Duration of Residence in Baltimore. Whole Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 27 1816

AGE: 91 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Miller.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Crist

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Parker

(Address) 1219 N Broadway

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12 1907

I HEREBY CERTIFY, That I attended deceased from January 5 1907 to January 11 1907 that I last saw her alive on January 11 1907, and that death occurred, on the date stated above, at 2-30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Old age: Had no discernable disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D W Cathell M.D.

Address 1308 N. Charles St

Date January 12 1907

Place of Burial Greenmount Cem

Date January 14 1907

Undertaker H. Allen Fuller

Address 2013 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

97176 Registered No. B 97176

824

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 S. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence (Virginia) Thompson

{Residence, if in Baltimore, Give Street and Number.} 126 S. Chester St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 18th 1858

AGE: 48 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Glass

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Sarah A. Galt

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. M. Thompson

(Address) 126 S. Chester st

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 12th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 12 1907 that I last saw her alive on Jan 12 1907, and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Block - (Cardiac paralysis)

(Duration) Days

Contributory (Primary.) Basilar Congestion

Brain — (Duration) 12 Days

(Signed) Jno. C. Brown M.D.

Address 1713 Bank St

Date January 14th 1907

Place of Burial Oak Lawn Cem

Date January 15th 1907

Undertaker Allen Fuller

Address 2013 E Balto st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 97177 — Registered No. B 97177

136 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 520 N. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie J. Stroecklein

{Residence, if in Baltimore, Give Street and Number.} #520 N. Milton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 7th 1876

AGE 30 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Tripp

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Peters

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. J. Stroecklein

(Address) 526 N. Milton Ave

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 12 — 1907

I HEREBY CERTIFY, That I attended deceased from Jany 4 11 am 1907 to Jany 12 8 30 pm 1907

that I last saw h alive on Jany 12 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Embolism —

Died suddenly 2 1/2 hours after delivery

(DURATION) DAYS

Con'tributory (Primary.) Distocia. Face presentation — Version — no labor pains — diagnosis at about 5 Dec Dec

(DURATION) DAYS

(Signed) Geo L. Wetherill M.D.

Address Geo L. Wetherill

Date 1/13/07 6 N. Bond 1907

Place of Burial Oak Lawn Cem.

Date 1/16/07 1907

Undertaker J. Herwig & Son

Address 2008 Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 97178 — Registered No. B 97178

1362

CERTIFICATE OF DEATH.

(Place of Death.) No. #19 N. Patuxent St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Annie Florence Wagner

{Residence, if in Baltimore, Give Street and Number.} #19 N. Patuxent St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 11th 1871

AGE: 36 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Groves

BIRTHPLACE OF FATHER (State or country): Charles Co. Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin J. Wagner

(Address) 19 N. Patuxent St.

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Jan 12 1907 that I last saw her alive on Jan 12 1907 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Prolonged Labor

Hemorrhage — Acute

Heart Failure

(DURATION) 2 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Collenberg M.D.

Address 1810 E Balto St

Date Jan 14 1907

Place of Burial Stone Chapel Pikesville

Date 1/15/07 190

Undertaker J. Herring & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 97179 — Registered No. B 97179

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vito altadonna

{Residence, if in Baltimore, Give Street and Number.} 401 S. Exter

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH — 1

AGE 24 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Joseph's Hospital

(Address)

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to Jan 14 1907 that I last saw h~~im~~ alive on Jan 13 1907 and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Toxemia - Abscess of Lung (DURATION) 31 DAYS

Contributory (Primary.) Pneumonia (DURATION) 31 DAYS

(Signed) C. L. Cummings M.D.

Address St Joseph Hospital

Date Jan 14/1907

Place of Burial St. Vincent

Date Jan 14" 1907

Undertaker Trudell Lippel & Son

Address 320 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

14

97180

64 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97180

City of Baltimore, (No. 847 W. North Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eleanora P. Keech

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Sept (Month) 11 (Day) 183 (Year)

AGE: 74 years, 4 months, 1 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jesse Phelan

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Elizabeth J. Cummins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Olivia F. Keech

(Address) 847 W. North Ave

Filed 1/14 1907 HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 9 1907 to Jan 12 1907 that I last saw her alive on Jan 12 1907 and that death occurred, on the date stated above, at 1.10 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 4 DAYS

Contributory Partial Paralysis

for 1½ years (DURATION) DAYS

(Signed) J. W. P. Bates M. D.

Jany 13 1907 (Address) 810 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem — DATE OF BURIAL: Jan 14 1907

UNDERTAKER: Chas. E. Franck — ADDRESS: 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

97181

Registered No. B 97181

125 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Westerman

{Residence, if in Baltimore, Give Street and Number.} 1741 Thomas Ave.

Duration of Residence in Baltimore. 68 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Oct. 21 - 1

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER A Hilaire Westerman

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Caroline E. Eggleston

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J Westermann

(Address) 1525 W. Fayette St

Filed 1/14 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1907

I HEREBY CERTIFY, That I attended deceased from Nov 8, 1906 to Jan 12, 1907 that I last saw h-i- alive on Jan 12 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Obstruction Jaundice

Hypostatic Pneumonia

Hypertrophied Prostate (years)

2 months (DURATION) — DAYS

Contributory (Primary.) Cachexia and Toxaemia (DURATION) — DAYS

(Signed) E. E. Langley, M.D.

Address Md. Gen. Hospital

Date Jan 13 1907

Place of Burial Louden Park, Cem.

Date Jan. 15th 1907

Undertaker Chas E. Franck

Address 746 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Registered No. B 97182

Ward 1

97182

CERTIFICATE OF DEATH.

(Place of Death.) No. 1333 Hillman St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph M. Doud

{Residence, if in Baltimore, Give Street and Number.} 1333 Hillman St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 29 — 1882

AGE 24 years, 11 months, 15 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edward Doud

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Ryan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1333 Hillman St

Filed 1/14 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26th 1906 to Jan 13th 1907

that I last saw h~~im~~ alive on Jan 13th 1907

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

M.D.

(Signed) Wm Pearce

Address 1238 Bremerton

Date Jan 14 1907

Place of Burial Holy Cross

Date Jan 15 — 1907

Undertaker H. C. Windfield

Address 914 Eyrewood Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE. 97183

OFFICE OF REGISTRAR OF VITAL STATISTICS.

93 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97183

Registered No. B .....

City of Baltimore, (No. 2831, E. Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara A. Holland.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bath City Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): 17

MAIDEN NAME OF MOTHER: 4

BIRTHPLACE OF MOTHER (State or country): 11

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis F. Holland Jr

(Address) 2831 E. Fayette st.

Filed 1/14 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 12 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to Jan 12 1907

that I last saw h[illegible] alive on Jan 12 1907

and that death occurred, on the date stated above, at 7:30 P. M. The CAUSE OF DEATH was as follows:

Cardiac asthenia

..... (DURATION) 1 DAYS

Contributory Lobar Pneumonia

..... (DURATION) [illegible] DAYS

(Signed) Fred J. Gilbert M. D.

Jan 13 1907 (Address) 2428 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetary	JAN 15 1907
UNDERTAKER	ADDRESS
Christian Miller, 2334	Jefferson [illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

5

97184

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97184

Registered No. B .....

City of Baltimore, (No. 1311 Orleans St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Ellen Ayler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: March (Month) 17 (Day) 1904 (Year)

AGE: 2 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Peter Ayler

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Alice Watkins

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Watkins

(Address) 1311 Orleans St

Filed 1/14 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 11th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 4th 1907 to Jan 11th 1907

that I last saw h[illegible] alive on Jan 10th 1907,

and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

(DURATION) 10 DAYS

Contributory Convulsions

(DURATION) 5 DAYS

(Signed) A. F. Rice M. D.

Jan. 12th 1907 (Address) 243 S. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet

DATE OF BURIAL: Jan 14 1907

UNDERTAKER: Wm J. Jackson

ADDRESS: 1422 Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 97185 Registered No. B 97185

CERTIFICATE OF DEATH.

(Place of Death.) No. 1717 Carlisle Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Crose

{Residence, if in Baltimore, Give Street and Number.} 1717 Carlisle Place

Duration of Residence in Baltimore. 3 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 6 1905

AGE 2 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John A. Crose

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary J. Newsome

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J. Crose

(Address) 1717 Carlisle Pl

Filed 1/14 1907 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to January 13 1907

that I last saw her alive on Jan 13 1907,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. T. Harrison M.D.

Address 1257 N. Broadway.

Date January 13 1907

Place of Burial Baltimore

Date Jany 15 1907

Undertaker Robt J. Turner

Address 1219 Mary. Valiers

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 97186 — Registered No. B 97186

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 533 Gorsuch Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman J. C. Bertling

{Residence, if in Baltimore, Give Street and Number.} 533 Gorsuch Ave

Duration of Residence in Baltimore. 37 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Dec 8 1854

AGE 53 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Bernard Bertling

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Bracksieck

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Butter Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Haithaway

(Address) 533 Gorsuch ave

Filed 1/14 1907

HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Jos. L. Carnell M.D.

Address Corner N. & Ave.

Date Jan 12 - 07 190

Place of Burial Holy Cross

Date Jan 13th 1907

Undertaker E. A. Wedefeld & Co

Address 213 Greenmount Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

97187 Registered No. B 97187

CERTIFICATE OF DEATH.

(Place of Death.) No. 1111 Bowen St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara K Hunt

{Residence, if in Baltimore, Give Street and Number.} 1111 Bowen st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 5 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Edward Hunt

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Nellie Adams

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Hunt

(Address) 1111 Bowen st

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Jan 12 1907 that I last saw h[illegible] alive on Jan 12 1907, and that death occurred, on the date stated above, at 2 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Struck on head July 1st 1906 fracturing skull and injuring the Brain while driving a piece of iron broke from hook and struck her

6 months (DURATION) 12 DAYS

Contributory (Primary) Meningitis

& Spasms (DURATION) 3 DAYS

(Signed) Jos. E. Muse M.D.

Address 855 Columbia ave

Date Jan 13 1907

Place of Burial Holy Cross

Date Jan 14th 1907

Undertaker John J Bowman

Address 901 Hollins St

G. W. Jones Coroner's Clerk

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 97188 — Registered No. B 97188

CERTIFICATE OF DEATH.

(Place of Death.) No. 124 W. Bedden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bryant A. Byrd.

{ Residence, if in Baltimore, Give Street and Number. } 124 W. Bedden St.

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Afrian-Am

DATE OF BIRTH: 1881 1

AGE: 26 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Cammelia Jackson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Houses-Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J. Byrd

(Address) 124 W. Bedden St.

Filed 1/14 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1—13—1907

I HEREBY CERTIFY, That I attended deceased from 1—9 1907 to 1—13 1907

that I last saw h— alive on 1—13 1907,

and that death occurred, on the date stated above, at 9.50 P. M.

CAUSE OF DEATH (Secondary or Immediate) Miliary Tubercu-losis

(DURATION) 3 weeks.

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Edw. Magruder M.D.

Address 922 Madison Ave

Date Jan. 13, 1907. 190

Place of Burial Tombs Wharf, Northumberland Co.

Date January 14 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

97189

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97189

Registered No. B.....

City of Baltimore, (No. 512 N. Patterson Pk ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Larrie Gray Yeager

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Sept (Month) 6 (Day) 1906 (Year)

AGE: ..... years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Otto Yeager

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lillian Gray Cook

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lillian Yeager

(Address) 512 N. Patterson Park

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 13 1907 to Jan 14 1907

that I last saw h er alive on Jan 13 1907, and that death occurred, on the date stated above, at 10 AM

M. The CAUSE OF DEATH was as follows:

Congenital Syphilis

since birth (DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) Samuel C. King M. D.

Jan 14 1907 (Address) 718 N Patterson Pk

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: JAN 16 1907

UNDERTAKER: Christian Miller, — ADDRESS: 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

2334 E. Monument Street.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

97190 Registered No. B 97190

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 332 S. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of

Full Name Tidghman 6 3/4 Laura Isaac

{ Residence, if in Baltimore, Give Street and Number. } 332 S Mount

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Infant | COLOR: White

DATE OF BIRTH: Jan 12 1907

AGE: ____ years, ____ months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Tidghman C Isaac

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Laura Litzinger

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L C Isaac

(Address) 332 S Mount St

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1907

I HEREBY CERTIFY, That I attended deceased from Jan 12 1907 to Jan 13 1907

that I last saw her alive on Jan 12 1907 1:30

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 612 Lodt St

Date Jan 13 1907

Place of Burial Baltimore Cem

Date Jan 14. 1907

Undertaker Jos B Cook

Address 1003 N. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 97191 — Registered No. B 97191

CERTIFICATE OF DEATH.

(Place of Death.) No. 2424 Madison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary R. Drury

{Residence, if in Baltimore, Give Street and Number.} 2424 Madison ave

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 8 1824

AGE: 82 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Va. Co.

FULL NAME OF FATHER: John Jones

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Rebecca Lillard

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. T. Drury

(Address) 300 N. Gay St

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 13 1907

I HEREBY CERTIFY, That I attended deceased from for at least ten years — 190 to Jan 13 1907

that I last saw h e alive on Jan 12 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of the lungs — and old age

unknown (DURATION) — DAYS

Contributory (Primary.) Heart dilatation (DURATION) unknown DAYS

(Signed) John J. King M. D.

Address 1425 Fontaine Place

Date Jan 14 1907

Place of Burial Loudon Park

Date Jany. 15 1907

Undertaker E. W. Mitchell

Address 1201 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97192

Ward 10 — Registered No. B 97192

CERTIFICATE OF DEATH.

(Place of Death.) No. 712. Appleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rhoda C. Brydon

{Residence, if in Baltimore, Give Street and Number.} 712. Appleton St.

Duration of Residence in Baltimore. Since Aug. 5 — 1849

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH 1850

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Norfolk. Va.

FULL NAME OF FATHER Wm Ferguson

BIRTHPLACE OF FATHER (State or country) Canada.

MAIDEN NAME OF MOTHER Jane La Pan

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E. R. Brydon

(Address) 712 Appleton St.

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 13. 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1906 to Jan 13 1907 that I last saw h er alive on Jan 12 1907, and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Uterus. Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. T. O'Mara M.D.

Address 1033. Edmondson

Date Jan 14 — 1907

Place of Burial Holy Cross.

Date Jany 15 — 1907

Undertaker E. M. Mitchell

Address 1201 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

97193 Registered No. B 97193

CERTIFICATE OF DEATH.

91 ✓

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gottlieb Elbel

{Residence, if in Baltimore, Give Street and Number.} 18 Brown Lane

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 24th 1832

AGE: 74 years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: August Elbel

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Johanna Miller

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 1/14 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 13th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190... to ... 190...

that I last saw h[illegible] alive on Jany 10 1907,

and that death occurred, on the date stated above, at 12.3[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

6 weeks (DURATION) ... DAYS

Contributory (Primary) Exhaustion (DURATION) ... DAYS

(Signed) F A Warner M.D.

Address 1133 Valley st

Date Jany 13 1907

Place of Burial Holy Redeemer

Date Jan 15th 1907

Undertaker N S Finch

Address 2118 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 97194 *Registered No. B* 97194

37 V

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Gibson

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): ~

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM

(Address) Lamar Hollyday, Supt.

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1906 to Jan 13 1907

that I last saw h~~im~~ alive on Jan 13 1907,

and that death occurred, on the date stated above, at 2.50 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Horace B. Nicholson M.D.

Address Bay View Asylum

Date Jan 14 1907

Place of Burial UNIVERSITY OF MARYLAND.

Date JAN 14 1907

Undertaker William H Woodes

Address 154 Aisquith St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

60

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

97195 Registered No. B 97195

CERTIFICATE OF DEATH.

151V

(Place of Death.) No St Vincent Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ed. Wilson McKline

{Residence, if in Baltimore, Give Street and Number.} St. Vincent. Inf. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Nov 24 1906

AGE ..... years, 1 month, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 1/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1906 to Jan 12 1907 that I last saw h— alive on Jan 12 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Edw Hagan M.D.

Address 1230 N Caroline

Date 1—13 1907

Place of Burial New Cathedral

Date June 14th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 97196 — Registered No. B 97196

CERTIFICATE OF DEATH.

15 1/1

(Place of Death.) No. St. Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Fisher

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Infant Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Dec 1 1906

AGE ..... years, 1 month, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Jan 12 1907

that I last saw him alive on Jan 12 1907

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate) Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. J. Hayward M.D.

Address 1230 N Carey

Date 1-12 1907

Place of Burial New Cathedral

Date Jan 14 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 97197 — Registered No. B 97197

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Mary's Ind. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johanna Reynolds

{Residence, if in Baltimore Give Street and Number.} St Mary's Ind. Asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F — COLOR: W.

DATE OF BIRTH: Dec 18th 1904

AGE: ....years, ...months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. M. I. Asylum

Filed 1/14 1907 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-13 1907

I HEREBY CERTIFY, That I attended deceased from Dec 21 1906 to Jan 13 1907

that I last saw h[illegible] alive on Jan 12 1907

and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ....DAYS

Contributory (Primary.)

(DURATION) ....DAYS

(Signed) E. A. Hayman M.D.

Address 1280 N [illegible]

Date 1-13 1907

Place of Burial New Cathedral

Date Jan 14th 1907

Undertaker Martin Fahey & Sons

Address [illegible] Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

97198 Registered No. B 97198

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct. Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Unwood,

{Residence, if in Baltimore, Give Street and Number.} St Vinct. Inf. Asy,

Duration of Residence in Baltimore. Lifetime —

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH July 12 1906

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 1/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 12, 1907.

I HEREBY CERTIFY, That I attended deceased from Jan 7 1907 to Jan 12 1907 that I last saw h[illegible] alive on Jan 11 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

acute gastro enteritis.

(DURATION) 5 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 Caroline St

Date Jan 13, 1907

Place of Burial New Cathedral

Date Jan 14th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

Registered No. B 97199

97199

CERTIFICATE OF DEATH.

40 v

(Place of Death.) No. 606 S. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie C Lindelar

{Residence, if in Baltimore, Give Street and Number.} 606 S Bradford St

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH — — 1

AGE 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Joseph Falkowski.

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Not known.

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bolek.

(Address) 606 S Bradford St.

Filed 1/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1906 to Jan 13th 1907 that I last saw h[er] alive on Jan 13th 1907 and that death occurred, on the date stated above, at 7 20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Stomach (DURATION) DAYS

(Signed) Herman J. Gieting M.D.

Address 1937 Eastern Ave.

Date Jan 13th 1907

Place of Burial St Alphonsus

Date Jan 15 1907

Undertaker Frank Grach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

97200

Ward 1 Registered No. B 97200

79 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 2532 Foster av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Friedrich Schramm

{Residence, if in Baltimore, Give Street and Number.} 2532 Foster-av

Duration of Residence in Baltimore. 27 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 1 1837

AGE: 69 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Schramm

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Aont Powers

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Auguste Schramm

(Address) 2532 Foster av

Filed 1/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12, 9 A M. 1907

I HEREBY CERTIFY, That I attended deceased from Jan — 1904 to Jan — 190—

that I last saw h— alive on Jan 6 190 7

and that death occurred, on the date stated above, at 9 — A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy - Atheroma of Arteries

(Cardiac Dis)

3 yrs. (DURATION) — DAYS

Contributory (Primary.) Cardiac

failure (DURATION) — DAYS

(Signed) Jno R O'Donovan M.D.

Address 1717 Bank

Date Jan 14 — 1907

Place of Burial Immanuels Cemetery

Date Jan 15 1907

Undertaker Davis Hermanus

Address 6 S Caroline

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 — 97201 — Registered No. B 97201

CERTIFICATE OF DEATH.

(Place of Death.) No. 1233 W. Baltimore St. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret P. Creagh

{Residence, if in Baltimore, Give Street and Number.} 1233 W. Baltimore st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 42 years, — months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ Single

BIRTHPLACE (State or country) Balto. md.

FULL NAME OF FATHER John Creagh

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Creagh

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Hilfitts

(Address)

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 13 1906 to Jan 12 1907 that I last saw h-- alive on Jan 12 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the stomach

Four months (DURATION) DAYS

Contributory (Primary.) Hardening

1 (DURATION) DAYS

(Signed) John C. Lamb M.D.

Address 13 aa W. Lombard st

Date Jan. 14 1907

Place of Burial Cathedral Cemetery

Date Tuesday Jan 15th 1907

Undertaker Henry C. Branning

Address 5 S. Poppleton st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

97202 Registered No. B 97202

CERTIFICATE OF DEATH.

154 V

(Place of Death.) No. 1200 Battery Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Joseph G. Zimmerman Sr

{Residence, if in Baltimore, Give Street and Number.} 1200 Battery Ave

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Unknown 1

AGE 64 years, Unknown months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1200 Battery Ave

Filed 1/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1906 to Jan 12 1907 that I last saw h.. alive on Jan 12 1907 and that death occurred, on the date stated above, at 8 P M. CAUSE OF DEATH (Secondary or Immediate.)

Senile debility

6 months (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 535 Light St

Date Jan 14th 1907

Place of Burial New Cathedral

Date Jan 15 1907

Undertaker E Hazle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 97203 — Registered No. B 97203

CERTIFICATE OF DEATH.

78 V

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Ellen Bradley

{Residence, if in Baltimore, Give Street and Number.} Cincinnati Ohio

Duration of Residence in Baltimore. 7 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Bradley

(Address) Cincinnati Ohio

Filed 1/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 14 1907

I HEREBY CERTIFY, That I attended deceased from June 21 1906 to Jan 14 1907

that I last saw h[illegible] alive on Jan 14 1907

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

(DURATION) DAYS

Contributory (Primary.) Chr. Endocarditis

(DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St. Josephs Hospital

Date 1/14/ 1907

Place of Burial Cincinnati Ohio

Date Jan. 14th 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 97204

97 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John McGarrill

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: January 14th 1843

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John McGarrill

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Wernoy

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed Jan 15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 13th 1907

I HEREBY CERTIFY, That I attended deceased from to record 190 to 190

that I last saw h er alive on Jany 11 1907,

and that death occurred, on the date stated above, at 1.45 p.m. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Jany 13 1907

Place of Burial Holy Cross

Date Jan 15th 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmit Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

97205 Registered No. B 97205

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. J. Michaels

{Residence, if in Baltimore, Give Street and Number.} 905 S. Broadway

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH —

1

AGE 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Don't Know

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Boatman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Adams

(Address) Hamilton Coal Co.

Filed 1/15 1907

HENRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw [illegible] alive on [illegible] 190,

and that death occurred, on the date stated above, at 12-30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) — DAYS

Contributory (Primary.) Accidental Scalds (DURATION) 9 DAYS

(Signed) Benj. S. Haydon M.D.

Address 1216 N. Caroline St

Date Jan 15 1907

Place of Burial Greenmount Cem.

Date Jan 15 1907

Undertaker Robt J. Turner

Address 1307 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 24

97206

Registered No. B 97206

27V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1415 E. Eleventh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah L. Sutton

{Residence, if in Baltimore, Give Street and Number.} 1415 E Eleventh

Duration of Residence in Baltimore. Fifteen

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Sept 10th 1879

AGE 27 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm E Cherry

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Anna Lenert

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm. E Cherry

(Address) 1518 Light St.

Filed 1/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to Jan 13th 1907 that I last saw her alive on Jan 11 1907, and that death occurred, on the date stated above, at 3:15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac failure

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Albert Bauk M.D.

Address 6228 Cleveland

Date Jan 14 — 1907

Place of Burial Holy Cross

Date Jan 16th 1907

Undertaker Jas. Shuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. 97207

Ward ..... 97207 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Hunt.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH ..... 1 .....

AGE 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 13 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Jan 13 1907 that I last saw h alive on Jan 13 1907, and that death occurred, on the date stated above, at 1.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Senility

Chronic Diffuse Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary) Cirrhosis

of Liver (DURATION) ..... DAYS

(Signed) Horace B. Nicholson M.D.

Address Bay View Asylum

Date Jan 14 1907

Place of Burial Westview Cem

Date Jany 15 1907

Undertaker W. J. Trusten & Son

Address Canton Pavilion

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97208

City of Baltimore, (No. 1909, Eighth (Walbrook) St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella Amanda Ebert,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 7th 1870 (Month) (Day) (Year)

AGE: 36 years, 7 months, 6 days

~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. city

FULL NAME OF FATHER: James Edward Brown

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Mary E. O'Rourke

BIRTHPLACE OF MOTHER (State or country): Balto. City

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas E Brown

(Address) 1015 N Mount st

Filed 1/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany. (Month) 13th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany. 4th 1907 to Jan 13th 1907 that I last saw h[illegible] alive on Jan 13th 1907, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Septicemia the result of a Sore Lip.

(DURATION) 2 DAYS

Contributory Pleuro Pneumonia

(DURATION) 5 DAYS

(Signed) [illegible] M. D.

Jan 13th 1907 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Olivet

DATE OF BURIAL: Jan 15 1907

UNDERTAKER: Wm J. Tickner Son

ADDRESS: 425 N Gaud

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18

97209 Registered No. B 97209

CERTIFICATE OF DEATH.

1597 V

(Place of Death.) No. 85 3 N. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances C Zirloma

{ Residence, if in Baltimore, Give Street and Number. } Above

Duration of Residence in Baltimore. One Year

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 12 1843

AGE 63 years, 9 months, 2 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER James Graham

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Amanda Murphy

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. J. Tagg

(Address) 2618 Orleans St

Filed 1/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 14. 1907

I HEREBY CERTIFY, That I attended deceased from As Above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4.30 a. m. CAUSE OF DEATH (Secondary or Immediate

Strangulation, Epileptic Convulsions, Suicide

(DURATION) DAYS

Contributory (Primary.) Melancholia

for 2 Yrs (DURATION) DAYS

(Signed) J. D. Lightcap M.D. coroner

Address 211 N. Fremont

Date 1. 14 1907

Place of Burial Greenmount

Date Jan 16 1907

Undertaker Geo W Little

Address 531 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

20

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151 V

CERTIFICATE OF DEATH.

Registered No. B 97210

City of Baltimore, (No. 210, Catherine St., St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Anne Rohe

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: December 8 1906 (Month) (Day) (Year)

AGE: ..... years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Leo C Rohe

BIRTHPLACE OF FATHER (State or country): Balto. Co

MAIDEN NAME OF MOTHER: Barbara C Riffle

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leo C Rohe

(Address) 210 Catherine St

Filed 1/15 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 14 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 8 1906 to Jan 14 1907

that I last saw her alive on Jan. 14 1907,

and that death occurred, on the date stated above, at 2.45 P. M. The CAUSE OF DEATH was as follows:

Marasmus (DURATION) 6 Wks DAYS

Contributory Chronic Indigestion (DURATION) 6 Wks DAYS

(Signed) Howard W Jones M. D.

Jan 15 1907 (Address) Lansing Ter

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 16 1907
UNDERTAKER	ADDRESS
L. H. Dill.	810 Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

97211

Registered No. B 97211

CERTIFICATE OF DEATH.

(Place of Death.) No. 1514 Ruter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Carter

{Residence, if in Baltimore, Give Street and Number.} 1514 Ruter St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: c
DATE OF BIRTH: 1	
AGE: 47 years, — months, — days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER: Dont Know	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J H Brown

(Address) 1107 N Stricker

Filed 1/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 14 1907

I HEREBY CERTIFY, That I attended deceased from Nov 24 1906 to Jan 14 1907 that I last saw her alive on Jan 13 1907 and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis Apoplexy
Cerebral Hemorrhage

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) L L Hamann M.D.

Address 1202 Druid Hill

Date January 14 1907

Place of Burial Laurel Cem

Date Jan 16 1907

Undertaker J T Burke

Address 1107 N Stricker

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

97212

Registered No. B 97212

CERTIFICATE OF DEATH.

(Place of Death.) No. 1333 Division St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Bonsley

{Residence, if in Baltimore, Give Street and Number.} 1333 Division St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: 1

AGE: 42 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Bonsley

BIRTHPLACE OF FATHER (State or country): Nicholas Co Va

MAIDEN NAME OF MOTHER: Mary Kane

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Butler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Bird

(Address) 1107 [illegible] Ave.

Filed 1/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept 26 — 1906 to Jan 13 — 1907 that I last saw him alive on Jan 13 — 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paul Hemorrhagic

Sudden (DURATION) — DAYS

Contributory (Primary.) Tuberculosis Pulmonalis about 4 mos (DURATION) — DAYS

(Signed) W. E. Harris M.D.

Address 1349 Druid Hill

Date Jan 14 — 1907

Place of Burial Mt Auburn Cem

Date Jan. 15th 1907

Undertaker J. H. Bird

Address 1107 Division Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97213

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97213

City of Baltimore, (No. 1238, Riverside Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas J. Dowling

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 2 1856 (Month) (Day) (Year)

AGE: 53 years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bulls mct

FULL NAME OF FATHER: Thomas Dowling

BIRTHPLACE OF FATHER (State or country): Talbott Co Md

MAIDEN NAME OF MOTHER: Christina Smith

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Dowling

(Address) 1238 Riverside Ave

Filed 1/15 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 13 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 11 1907 to Jan 13 1907 that I last saw h.. in alive on Jan 13 1907, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Tuberculosis.
Laryngeal & Pulmonary.

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) E. Coward M. D.

Jan 14 1907 (Address) 1733 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	Jan 15 1907
UNDERTAKER	ADDRESS
E J Fanning	1938 E Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 — 97214 — Registered No. B 97214

CERTIFICATE OF DEATH.

931

(Place of Death.) No. 502 W. Barre St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Young

{ Residence, if in Baltimore, Give Street and Number. } 502 W. Barre St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 29 — 1880

AGE 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER William McKay

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Ingram

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin Young.

(Address) 502. W. Barre St

Filed 1/15 1907 — HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 13 1907

I HEREBY CERTIFY, That I attended deceased from Dec 16 1906 to Jany 13 1907

that I last saw her alive on Jany 13 1907

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 28 DAYS

Contributory (Primary.)

(DURATION) 28 DAYS

(Signed) C. C. Smith M.D.

Address 528 Hanover St,

Date January 14 1907

Place of Burial London Park

Date Jan 15 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10

97215

Registered No. B 97215

CERTIFICATE OF DEATH.

90V

(Place of Death.) No. 873 Boyd St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Clara West

{Residence, if in Baltimore, Give Street and Number.} 873 Boyd St

Duration of Residence in Baltimore. 6 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH May 17 1901

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Annapolis

FULL NAME OF FATHER Edgar West

BIRTHPLACE OF FATHER (State or country) Annapolis

MAIDEN NAME OF MOTHER Rosa Boyd

BIRTHPLACE OF MOTHER (State or country) Annapolis

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ebb

(Address) 873 Boyd St

Filed 1/15 1907 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 14 1907 that I last saw h alive on Jan 13 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute
Tuberculosis

Duke (DURATION) DAYS

Contributory (Primary.) Anaemia

(DURATION) DAYS

(Signed) H Howard M.D.

Address 939 N Fayette St

Date Jan 14 1907

Place of Burial Laurel Cemetery

Date January 16 1907

Undertaker N A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

97216

Registered No. B 97216

CERTIFICATE OF DEATH.

164 ✓

(Place of Death.) No. 229 N Holiday St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher Morris

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Eliza Morris

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Brother Wm Morris (Informant)

Va (Address)

Filed 1/15 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1907

I HEREBY CERTIFY, That I attended deceased from Sudden death to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10-15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Neck

(DURATION) 7 DAYS

Contributory (Primary) Accidental fall from building collapsing

(Signed) 38 Hayden M.D.

Address 216 N Caroline St

Date Jan 15 1907

Place of Burial Gloster Co Va Almond Hall

Date January 15 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 97217 — Registered No. B 97217

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. 1817 York St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James Edward Brown.

{Residence, if in Baltimore, Give Street and Number.} 118 E York St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Jany 12 d 1907

AGE: nine days. (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore, Md. 118 E. York St

FULL NAME OF FATHER: Charles M. Brown.

BIRTHPLACE OF FATHER (State or country): N.J.

MAIDEN NAME OF MOTHER: Nella Carr

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles M. Brown.

(Address) 118 York St

Filed 1/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 12 d 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 12 1907 to Jan 12 1907 that I last saw h[illegible] alive on Jan 12 1907 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Pneumonia Sino? (DURATION) DAYS

(Signed) W. G. Dorsey M.D.

Address City Hospital

Date January 12 1907

Place of Burial COLLEGE OF P. & S.

Date JAN 14 1907 1907

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

60

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 97218 — Registered No. B 97218

61 r

CERTIFICATE OF DEATH.

(Place of Death.) No. 2639 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stas Karczewska

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 9th 1906

AGE: 1 years, months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Leon Karczewski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Maria Lubinska

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kazmier Lubinski

(Address) 2636 Hudson st

Filed 1/15 1907 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 15 1907

I HEREBY CERTIFY, That I attended deceased from January 13 1907 to January 14 1907 that I last saw h[illegible] alive on January 14 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis (DURATION) 7 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 3 DAYS

(Signed) S. J. Szmurlo M.D.

Address 727 S. Ann st

Date January 15th 1907

Place of Burial Holy Rosary JAN 16 1907

Date 190

Undertaker M. F. Sadowski

Address 403 S. Ann

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 97219 — Registered No. B 97219

CERTIFICATE OF DEATH.

(Place of Death.) No. 934 Fell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Borszez

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Janua 8 th 1907

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jan Borszek

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Anna Wegrzejska

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Borszez

(Address) 934 Fell St

Filed 1/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Janua 14 1907

I HEREBY CERTIFY, That I attended deceased from Janua 14 1907 to Janua 14 1907 that I last saw h alive on Janua 14 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

convulsions

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. J. Szmurlo M.D.

Address 72 S. Ann St

Date Janua 14 1907

Place of Burial St Stanislaus -

Date Tuesday Janu 15" 1907

Undertaker M F. Sadowski.

Address 703 S. Ann

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 97220 — Registered No. B 97220

CERTIFICATE OF DEATH.

(Place of Death.) No. 1298 Dallis st

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Henry Giles

{Residence, if in Baltimore, Give Street and Number.} 129 S Dallas st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: Col

DATE OF BIRTH: 1

AGE: 82 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Jones

(Address) 506 Rogers Ave

Filed 1/15/ 1907 — HARRY C. ANDREWS (PERMIT CLERK) — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 — 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Comm M.D.

Address 320 N Green st

Date Jany 12 1907

Place of Burial Asbury Cemetery

Date Jan 15 1907

Undertaker R. A. Gilbert

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 V

97221 Registered No. B 97221

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Sadler

{Residence, if in Baltimore, Give Street and Number.} E. Hughes St.

Duration of Residence in Baltimore. 25yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR Col.

DATE OF BIRTH 1

AGE 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sing.

BIRTHPLACE (State or country) Ind.

FULL NAME OF FATHER X

BIRTHPLACE OF FATHER (State or country) X

MAIDEN NAME OF MOTHER X

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Hannah Miller

(Address) 15 E. Hughes St.

Filed 1/15 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 14 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 9 1907 to Jan. 14 1907 that I last saw him alive on Jan 14 1907 and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Heart Disease (DURATION) DAYS ✓

(Signed) Ulric Dorsey M.D.

Address City Hospital

Date January 15 1907

Place of Burial Mt. Auburn Cem.

Date Jan. 16 1907

Undertaker John H. Vogdon

Address 142 W. Pike St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

97222

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97222

City of Baltimore, (No. 515 N Exeter St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah Fineburg

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Fem
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	Not known
AGE ..... years, ... months, ... days	48 years
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Not known
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hyman Fineburg

(Address) 515 N Exeter St

Filed 1/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 8 1906 to Jany 5 1907 that I last saw h-r alive on Jany 14 1907, and that death occurred, on the date stated above, at 10 5 P. M. The CAUSE OF DEATH was as follows:

Apoplexy (DURATION) 30 minutes DAYS

Contributory Partial Paralysis

Lesion Stroke (DURATION) 20 DAYS

(Signed) Hugh M Boring M. D.

1/15 1907 (Address) 834 E Pratt St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philip Rd Mount Dale	Jan 15 1907
UNDERTAKER	ADDRESS
Mat Levin & Son	1135 Lovat

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 — 97223 — Registered No. B 97223

CERTIFICATE OF DEATH.

(Place of Death.) No. 261 N High St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Esther Barbis Shapiro.

{Residence, if in Baltimore, Give Street and Number.} 261 N High St.

Duration of Residence in Baltimore. 13 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 1 1872

AGE 35 years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia.

FULL NAME OF FATHER Ellie Sair Marhacin

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Jennie Marhacin

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Feinstein

(Address) 1292 N Eutaw

Filed 1/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 15 1907

I HEREBY CERTIFY, That I attended deceased from Nov 12 1906 to Jany 14 1907

that I last saw her alive on January 14 1907

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) 63 DAYS

Contributory (Primary.) Mitral Insufficiency

(DURATION) DAYS

(Signed) M. Abeinberg M.D.

Address 18 Pearl St

Date January 15 1907

Place of Burial Chevra Philip Rd Roosevelt

Date Jan 16, 1907

Undertaker Max Levinson

Address 1138 Low st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward W 97224 Registered No. B 97224

66 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 German St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John V Michael

{Residence, if in Baltimore, Give Street and Number.} 704 German St

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 79 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Wendel Michaele

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Elbacker

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Michaele

(Address) 704 German st

Filed 1/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec 4 1906 to Jan 14 1907

that I last saw h[illegible] alive on Jan 14 1907,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Immediate debility o
paralysis.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M.D.

Address 261 Appleton St.

Date Jany. 15th 1907

Place of Burial N Peters ✓

Date Jan 16 1907

Undertaker John J Bowen

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

97225 Registered No. B 97225

61 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 Union St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Bowers

{Residence, if in Baltimore, Give Street and Number.} 507 Union St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Africo-Am

DATE OF BIRTH: 1

AGE: ..... years, 11 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Beale Bowers

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Edith Carroll

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Carroll

(Address) 507 Union St.

Filed 1/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-14 1907

I HEREBY CERTIFY, That I attended deceased from 1-10 1907 to 1-14 1907 that I last saw h~~e~~ alive on 1-14 1907, and that death occurred, on the date stated above, at 10:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Meningitis

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave.

Date 1-15 1907

V

Place of Burial St. Peters Cemetery

Date January 17th 1907

Undertaker Field B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 19 — 97226 — Registered No. B 97226

CERTIFICATE OF DEATH.

27 Y

(Place of Death.) No. 1509 Vine St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Georgiana Briggs

{Residence, if in Baltimore, Give Street and Number.} 1509 Vine St

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unknown 1

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Jos Stone

BIRTHPLACE OF FATHER (State or country) ~~Baltimore~~ Md

MAIDEN NAME OF MOTHER Dorcila Rollins

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H Earl

(Address)

Filed 1/15 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Jan 13 1907 that I last saw h[illegible] alive on Jan 12 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis

Pulmonalis

8 mos (DURATION) DAYS

Contributory (Primary.) Asthenia

3 days (DURATION) DAYS

(Signed) J H Norwood M.D.

Address 939 W Fayette St

Date Jan 14 1907

Place of Burial Mt. Auburn Cemetery

Date January 16th 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

97227

1547

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97227

Registered No. B.....

City of Baltimore, (No. 1918 N. Washington St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edwin R. Poole.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December 13 1830 (Month) (Day) (Year)

AGE: 76 years, 1 month, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): America

FULL NAME OF FATHER: John C. Poole

BIRTHPLACE OF FATHER (State or country): America

MAIDEN NAME OF MOTHER: Hannah Elliott

BIRTHPLACE OF MOTHER (State or country): America

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret A. Heintzman

(Address) 2372 Penna Ave

Filed 1/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 14 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 10 1906 to January 14 1907

that I last saw him alive on January 14 1907

and that death occurred, on the date stated above, at 9 20 P. M. The CAUSE OF DEATH was as follows:

General Debility

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Howard Ellicott M. D.

Jan. 15 1907 (Address) 732 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Jan 17th 1907

UNDERTAKER: G. F. Walker — ADDRESS: 723 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

97228 Registered No. B 97228

93V

CERTIFICATE OF DEATH.

(Place of Death.) No. 906 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Regina Maas

{Residence, if in Baltimore, Give Street and Number.} 906 Aisquith St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 18th 1904

AGE 2 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Henry L. Maas

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Margaret A. Timmerman

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry L. Maas

(Address) 906 Aisquith St.

Filed 1/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 14th 1907

I HEREBY CERTIFY, That I attended deceased from June 13th 1906 to Jan 14th 1907

that I last saw h[illegible] alive on Jan 14 1907

and that death occurred, on the date stated above, at 8 P.M. 1. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Oedema of Larynx (DURATION) 3 hrs DAYS

(Signed) Ernest Patterson M.D.

Address 208 Aisquith St

Date Jan 15th 1907

Place of Burial Holy Redeemer

Date Jan 16 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9X

97229

Registered No. B 97229

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name True Golden

{Residence, if in Baltimore, Give Street and Number.} Sparrows Point

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) True Golden

(Address) Sparrows Point

Filed 1/15 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 13 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11 1907 to Jan 13 1907

that I last saw h im alive on Jan 12 1907

and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) DAYS

Contributory (Primary.) Double Labor

Pneumonia (DURATION) 5 DAYS

(Signed) Geo. H. Fluegel M.D.

Address St. Joseph's Hospital

Date Jan 13 1907

Place of Burial Laurel Cemetery

Date Jan 15th 1907

Undertaker Wm J & Jackson

Address 1426 Mulberin St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97230 Registered No. B 97230

CERTIFICATE OF DEATH.

120 ✓

(Place of Death.) No. 546 Orchard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H. A. Sorrell

{Residence, if in Baltimore, Give Street and Number.} 546 Orchard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1866

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Peter Sorrell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie M Boyce

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Thomas A. M. Sorrell

(Address) 57 Preston St

Filed 1/15 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar ✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 7th 1906 to Jan 14th 1907 that I last saw h.. alive on Jan 12th 1907, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

Dropsy of Asthenia

(DURATION) 2 Months DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) John T. McCauley M.D.

Address 656 W Franklin St

Date Jan 15th 1907

Place of Burial .....

Date ..... 190...

Undertaker .....

Address .....

✓

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97231 Registered No. B 97231

CERTIFICATE OF DEATH.

10 V

(Place of Death.) No. 217 S. Gilmor St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Baldew

{Residence, if in Baltimore, Give Street and Number.} 217 S. Gilmor St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 16 1824

AGE: 83 years, 9 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Howard Co Md

FULL NAME OF FATHER: Wm Boldew

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Eliza Sewell

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Now Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lydia Wash

(Address) 217 S Gilmor St

Filed 1/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 13th. 1907

I HEREBY CERTIFY, That I attended deceased from Jany 11th 1907 to Jany 13th 1907

that I last saw him alive on Jany 13th 1907

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary, or Immediate)

Cardiac asthenia

(DURATION) 3 DAYS

Contributory (Primary.) La Grippe

(DURATION) 3 DAYS

(Signed) Henry C. Ohle M.D.

Address 1203 E Fayette St

Date Jany 13th 1907

Place of Burial Loudon Park

Date Jan 16 1907

Undertaker H S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66 V

CERTIFICATE OF DEATH.

Registered No. B 7232

City of Baltimore, (No. 1527 Riggs Ave St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Dixon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: ..... 1 .....
(Month) (Day) Year)

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dixon

(Address) 1527 Riggs Ave

Filed ..... 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 13 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 1 1907 to January 13 1907 that I last saw h in alive on Jan 12 1907, and that death occurred, on the date stated above, at 7.35 P. M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 4 DAYS

Contributory —

(DURATION) — DAYS

(Signed) Geo Wilmans M. D.

1907 (Address) 703 W Cay St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: National Cemetery — DATE OF BURIAL: Jany 16 1907

UNDERTAKER: James H Ennis — ADDRESS: 532 Pratt St

7 x 7

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B 97233

1747

CERTIFICATE OF DEATH.

(Place of Death.) No. 1403 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Hebron

{Residence, if in Baltimore, Give Street and Number.} Boyds Montgomery Co Md

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Robert Hebron

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Harriet Coats

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Hebron

(Address) 1373 Calhoun St

Filed Jan 16th 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate

accidentally Carbolic Acid poisoning

with illuminating Gas

turning the Gas on

..... (DURATION) .....

Contributory (Primary.) Septicemia

..... (DURATION) .....

(Signed) Frank Jones Coroner

Address .....

Date Jan 15th 1907

Place of Burial Mongomery Co Md

Date Jan 16 1907

Undertaker Wm. J. Johnson Boyds Montgomery Co Md

Address 614 Baker St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

Registered No. B 97234

97234

CERTIFICATE OF DEATH.

15 IV

(Place of Death.) No. 748 Raburn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Beckman

{Residence, if in Baltimore, Give Street and Number.} abm

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Isah Butler

BIRTHPLACE OF FATHER (State or country): Candas

MAIDEN NAME OF MOTHER: Laura Boyer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Boyer

(Address) 748 Raburn st

Filed 1/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Jan 14 1907

that I last saw him alive on 1907

and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia, pneumonia
Bronchitis & mes-e

(DURATION) Dat

Contributory (Primary.)

(DURATION) Dat

(Signed) J. D. Gilbert M.D. coroner

Address 211 N. Fremont

Date 1.14. 1907

Place of Burial Mt Auburn cemetery

Date Jan 16 1907

Undertaker George H Hooper

Address 609 Little Pacific st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

97235 Registered No. B 97235

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1025 Ashland ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J Fox

{Residence, if in Baltimore, Give Street and Number.} 1025 Ashland ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 12 1874

AGE: 33 years, ... months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Thomas Fox

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Murray

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: Commission Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Murray

(Address) 1025 Ashland ave

Filed 1/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 15th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Jan 15th 1907

that I last saw h~~im~~er alive on Jan 14th 1907.

and that death occurred, on the date stated above, at 6:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ? DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferson Buck M.D.

Address 2844 St. Paul St

Date Jan. 15th 1907

Place of Burial New Cathedral Cemetery

Date January 17th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument ste

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

97236

Ward..... 97236 Registered No. B..... 120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary McCourt

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 1/16 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15th 1907

I HEREBY CERTIFY, That I attended deceased from April 20 1903 to Jan 15th 1907 that I last saw her alive on Jan 15th 1907, and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal & Bronchio Pneumonia, Emphysema.

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Chronic Diffuse Nephritis (DURATION) ..... DAYS

(Signed) Horace W. Nicholson M.D.

Address Bay View Hospital

Date Jan 16 1907.

Place of Burial Sacred Heart

Date Jany. 16 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — 97237 — Registered No. B 97237

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. 2024 Wilhelm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Voyt

{Residence, if in Baltimore, Give Street and Number.} 2024 Wilhelm St

Duration of Residence in Baltimore. 39 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: October 12 1849.

AGE: 57 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Carl Reudiger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Josephine Spangenberg.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Knell

(Address) 917 Columbia Ave

Filed 1/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 8 1906 to Jany 14 1907 that I last saw her alive on Jany 14 1907, and that death occurred, on the date stated above, at 4.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) 3 Yrs.

Contributory ~~(Primary.)~~

(DURATION) DAYS

(Signed) M. A. O'Neill M.D.

Address 1315 Hollins

Date Jany 15 1907.

Place of Burial Cathedral

Date Jan 17 1907

Undertaker A Knell

Address 807 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VIII

97238

Registered No. B 97238

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Frederick

{Residence, if in Baltimore, Give Street and Number.} 525 Lanvale St

Duration of Residence in Baltimore. 41 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER: John Frederick

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYL'M.

Filed 1/16 1907

HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 15. 1907

I HEREBY CERTIFY, That I attended deceased from Dec'r. 26. 1906 to Jany. 15. 1907

that I last saw h.. alive on Jany. 14. 1907.

and that death occurred, on the date stated above, at 7.32 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonary Tuberculo-

— sis —

(DURATION) Unknown

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. M. Quinn M.D.

Address Bay View Asylum

Date January 15. 1907

Place of Burial David Hill Park Cemetery

Date Jan 17th 1907

Undertaker J. C. Schuh's Son.

Address 1235 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 97239 — Registered No. B 97239

CERTIFICATE OF DEATH.

(Place of Death.) No. 309. Forrest. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin G Williams

{ Residence, if in Baltimore, Give Street and Number. } 309. Forrest St.

Duration of Residence in Baltimore About 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1854

AGE: 52 years, — months, — days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Steadman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Lamman

(Address) 335 Forrest St

Filed 1/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Jan 13 1907 that I last saw h— alive on Jan 10 1907 and that death occurred, on the date stated above, at 9-55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis, Bright's Disease

Two months (DURATION) — DAYS

Contributory (Primary.) Nephritis 2 mo (DURATION) DAYS

(Signed) L. D. Hurst M.D.

Address 202 Augusta St

Date Jan 14 1907

Place of Burial Lamme

Date Jan 16th 1907

Undertaker Wm J G Jackson

Address 1421 Pendleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

15

97240

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97240

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1815 Clifton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Eble

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. (Month) ..... (Day) 1850 (Year)

AGE: 57 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Geo. Eble

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Hooper

(Address) 1815 Clifton Ave

Filed 1/16/1907 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany. 10 1907 to Jany 14 1907

that I last saw h... alive on Jany 14 1907

and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Cirrhosis of liver

Some Months. (DURATION) ..... DAYS

Contributory Hemorrhage of bowel

Jaundice (DURATION) 3 weeks. DAYS

(Signed) C. D. Smith M. D.

Jany 14 1907 (Address) 1605 N North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto. Cem. | DATE OF BURIAL: Jan. 16 1907

UNDERTAKER: Wendell Lippel Son | ADDRESS: 330 S Bond.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — 97241 — Registered No. B

CERTIFICATE OF DEATH.

64 v

(Place of Death.) No. ____ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Alice McElroy

{Residence, if in Baltimore, Give Street and Number.} 204 South Spring St

Duration of Residence in Baltimore. 42 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: 63 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ____

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: ____

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: ____

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John McElroy

(Address) 411 S Eaden Ave

Filed 1/16/ 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 14th 1907

I HEREBY CERTIFY, That I attended deceased from 9th Jany 1907 to 14th Jany 1907 that I last saw her alive on 14th Jany 1907, and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 3 DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) 5 DAYS

(Signed) Geo B Reynolds M.D.

Address 709 N Chapel St

Date Jany 15th 1907

Place of Burial Holy Cross

Date Jan 17 1907

Undertaker Wendell Dashiell Son

Address 330 S Road St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 — 97242 — Registered No. B 1641

CERTIFICATE OF DEATH.

(Place of Death.) No. 910 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma C. Umbrage

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 12 1853

AGE 53 years, 4 months, 2 days

~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Thomas Elliott

BIRTHPLACE OF FATHER (State or country) Penna.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Penna.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arnold Umbrage

(Address) 910 W. Mulberry St

Filed 1/16 1907 HARRY O. ROBERTS CITY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14th 1907

I HEREBY CERTIFY, That I attended deceased from At Leisure 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage, fracture of Skull, accidentally falling from roof of his house (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J. D. Ishbank M.D.

Address 211 W. Lemmon

Date 1, 15, 1907

Place of Burial London Park

Date Jan 17 1907

Undertaker Geo. H. Little

Address 531 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 97243 — Registered No. B ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 746 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katherine Münch

{Residence, if in Baltimore, Give Street and Number.} 746 W. Lexington St

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jan 14. 1826
AGE	81 years, — months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Henry Hecker
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Katherine Marke
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A G Golde

(Address) 730 Penna ave

Filed 1/16/ 1907 HARRY O. JACOBS, CITY CLERK. C. R. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15. 1906 to Jan 16 1907 that I last saw her alive on Jan 15 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 2 DAYS

Contributory (Primary.) Nephritis.

1 year 6 Mos. (DURATION)

(Signed) Geo. W. Hemmeter M.D.

Address 800 Hanover ✓

Date Jan. 16. 1907.

Place of Burial Loudon Park Cem

Date January 18 1907

Undertaker Mrs Andrew Rabbitt

Address 730 Penna ave ✓

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 97244

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 610 Cumberland St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah E. Kelly.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April (Month) 16 (Day) 1881 (Year)

AGE: 25 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Elijah Blizzard

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md

MAIDEN NAME OF MOTHER: Annie M. Booker

BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew L. Keecy

(Address) 610 Cumberland St

Filed 1/16/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to Jan 14 1907

that I last saw h[illegible] alive on " 14 1907

and that death occurred, on the date stated above, at 5:15 a.m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

about 7 mos (DURATION) ..... DAYS

Contributory General weakness

1 mo. (DURATION) ..... DAYS

(Signed) Chas. C. Conser M. D.

1-14 1907 (Address) 1113 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: Jan 17 1907

UNDERTAKER: Lombrook — ADDRESS: 920 E Monument

WM. J. C. DULANY CO., Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97245

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 922, Valley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ann J. Lyons

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colh

DATE OF BIRTH: ..... (Month) ..... 1 (Day) ..... Year)

AGE: 78 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: David Blacklock

BIRTHPLACE OF FATHER (State or country): Scotland.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Wall

(Address) 922 Valley St.

Filed 1/16/ 1907

HARRY J. MORRIS, REGISTRAR

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 15th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 9 1907 to Jany 15th 1907

that I last saw h... alive on Jany 15th 1907

and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Senility

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. J. Stone M. D.

Jan. 16th 1907 (Address) 507 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Jan 17 1907

UNDERTAKER: Wm Cook

ADDRESS: 602 E. Mart

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — Registered No. B 97246

97246

CERTIFICATE OF DEATH.

(Place of Death.) No. 712 E. 20th St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie B. Warfield

{Residence, if in Baltimore, Give Street and Number.} 712 E. 20th St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: white

DATE OF BIRTH: Nov. 1876

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Geo. H. Parker

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Daniella E. Pond

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Schlacks

(Address) 712 E. 20th St

Filed 1/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 15 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 12 1907 to Jan. 15 1907

that I last saw h[illegible] alive on Jan. 15 1907,

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate) Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Pulmonary Hemorrhage (DURATION) DAYS

(Signed) J. L. Burns M.D.

Address 1312 W. Lombard

Date Jan. 16 1907

Place of Burial Boggs Accomac C. Va.

Date Jan 16 1907

Undertaker E. W. Mitchell

Address 1201 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 97247 Registered No. B

CERTIFICATE OF DEATH.

97247. 93V

(Place of Death.) No. 1303 Linden ave

~~St~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Mary R. Wilkins

{Residence, if in Baltimore, Give Street and Number.} 1363 Linden ave

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Nov. 16. 1852

AGE 54 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Richd. G. Wilkins

BIRTHPLACE OF FATHER (State or country) New Orleans

MAIDEN NAME OF MOTHER Margaret Hopkins

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma L. Lindall

(Address) 1303 Linden ave

Filed 1/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 15 1907

I HEREBY CERTIFY, That I attended deceased from Jany 8 1907 to Jany 15 1907 that I last saw her alive on Jany 15 1907, and that death occurred, on the date stated above, at 3:30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

1 week (DURATION)

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date Jany 16 1907

Place of Burial London Park

Date Jany 17 —, 1907

Undertaker E. M. Mitchell

Address 1201 W. Fayette St.

1 WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9

Registered No. B 97248

CERTIFICATE OF DEATH.

92 ✓

(Place of Death.) No. 1915 Asquith St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Cornelius Gross

{Residence, if in Baltimore, Give Street and Number.} 1913 Asquith St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: ... 1 ...

AGE: 4 years, 3 months, 1 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~ OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Gross

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Bayley

(Address) 22nd & Guilford Av.

Filed 1/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓ 2 x 1

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 14 1907

I HEREBY CERTIFY, That I attended deceased from Jan 7 1907 to Jan 14 1907

that I last saw h[illegible] alive on Jan 6 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis Appendicitis

(DURATION) 7 DAYS

Contributory (Primary or Capillary) Lobular Pneumonia

(DURATION) 8 DAYS

(Signed) H. Bayley M.D.

Address 22nd & Guilford

Date 14 Jany. 1907

Place of Burial Cathedral Cemetery

Date Jan 16 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 97249 — Registered No. B 97249

CERTIFICATE OF DEATH.

93v

(Place of Death.) No. St. Joseph Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis Decatur

{Residence, if in Baltimore, Give Street and Number.} 199 Riverside Ave. Sparrows Point. Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — — 1

AGE: 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Butler Decatur

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Jane Decatur

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Hurt

(Address) Sparrow Point

Filed 1/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan 13 1907 to Jan 15 — 1907 that I last saw h alive on Jan 15 1907 and that death occurred, on the date stated above, at 6 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Chas. L. Emmons M.D.

Address St. Joseph Hospital

Date Jan 15 — 1907

Place of Burial Burkeville Station Va

Date Jan 17 — 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date o*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64 V

CERTIFICATE OF DEATH. 97250

Registered No. B.....

City of Baltimore, (No. 637, N. Carey St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William P Reese.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan (Month) 14 (Day) 1907 (Year)

AGE: 64 years, 6 months, 16 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Geo Daniel Reese

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Whartman

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Commission Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna E Reese

(Address) 637 N Carey St

Filed 1/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 14 1907 to Jan 15 1907 that I last saw h.. in alive on Jan 14 1907, and that death occurred, on the date stated above, at 4 a.m. The CAUSE OF DEATH was as follows:

Cerebral Hemmorhage

24 Hours

(DURATION) DAYS

Contributory Oedema of Lungs

5 Hours (DURATION) DAYS

(Signed) John A Evans, M. D.

Jan 15 1907 (Address) 101 N. Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loraine Cemetery	Jan 17 1907
UNDERTAKER	ADDRESS
W. M. Routzon	230 N Greene

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 97251 — Registered No. B 97251

8 V

CERTIFICATE OF DEATH.

(Place of Death.) No. #403 N. Washington St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry E. F. Menard

{Residence, if in Baltimore, Give Street and Number.} #403 N. Washington St.

Duration of Residence in Baltimore. About 45

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan. 11th 1838
AGE	69 years, 3 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Tailo r

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Menard

(Address) 403 N. Washington St.

Filed 1/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 14 1907

I HEREBY CERTIFY, That I attended deceased from June 17 1906 to Jan. 14 1907 that I last saw h~~im~~ alive on Jan. 14 1907 and that death occurred, on the date stated above, at 9 15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

angina pectoris

(DURATION) 12 DAYS

Con'tributory (Primary.) myocarditis

(DURATION) 210 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121 Eastern Ave

Date Jan. 15 — 1907

Place of Burial Mt. Carmel Cem.

Date 1/17/07 1907

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 X

Registered No. B 97252

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Lukes Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl J. Bissel

{ Residence, if in Baltimore, Give Street and Number. } Ellicott City Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Ellicott City 1

AGE: — years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Howard Co. Md.

FULL NAME OF FATHER: Philip Bissel

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Ella Iglehart

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Bissel

(Address) Ellicott City md

Filed 1/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16" 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Jan 16 1907 that I last saw him alive on Jan 16 1907, and that death occurred, on the date stated above, at 9 A.M.

CAUSE OF DEATH (Secondary or immediate) Strangulation of Bowels Caused by Intussusception

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas Lasher Tunnell M.D.

Address 812 Park Ave.

Date Jan 16. 1907

Place of Burial Ellicott City Md

Date January 16 1907

Undertaker Wm J. Tickner & Sons

Address 425 W. Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97253

Registered No. B.....

City of Baltimore, (No. 1808 N. Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Naomi Lumberson

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Female — COLOR: White	DATE OF DEATH: January 14th 1907 (Month) (Day) (Year)
DATE OF BIRTH: August 12th 1846 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from Jan 4th 1907 to Jan 14th 1907
AGE: 61 years, 5 months, 2 days	that I last saw her alive on Jan 14th 1907,
SINGLE, MARRIED, WIDOWED, OR DIVORCED	and that death occurred, on the date stated above, at 10.15 A. M. The CAUSE OF DEATH was as follows:
BIRTHPLACE (State or country): Baltimore, Md	Pneumonitis super-intruced by La Grippe
FULL NAME OF FATHER: John W Resse	(DURATION) 10 DAYS
BIRTHPLACE OF FATHER (State or country): Md	Contributory Asthenia
MAIDEN NAME OF MOTHER: Rebecca Miller	(DURATION) 2 DAYS
BIRTHPLACE OF MOTHER (State or country): Md	(Signed) H. J. Carrick M. D.
OCCUPATION OF DECEASED: X	Jan 15th 1907 (Address) 1417 McCulloh

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Erwin L. Lumberson

(Address) 1808 N. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 18 1907
UNDERTAKER: H. J. Pickerseine	ADDRESS: Camden

Filed 1/16 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 — 97254 — Registered No. B 97254

66 V

CERTIFICATE OF DEATH.

Place of Death.) No. 909 Woodley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie H. Palmer.

{Residence, if in Baltimore, Give Street and Number.} 909 Woodley. St.

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Oct. 6. 1833
AGE	73 years, 3 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	Samuel P. Goetham
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Sallie Mitchell.
BIRTHPLACE OF MOTHER (State or country)	Virginia.
OCCUPATION OF DECEASED	Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Palmer

(Address) 909 Woodley

Filed 1/16 1907 ✓ HARRY C. ANDREWS, PERMIT CLERK, Registrar

7 & 1

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 15 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 6. 1907 to January 15, 1907 that I last saw her alive on January 15, 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) 9 DAYS

Contributory (Primary.) Senile Decay

(DURATION) don't know.

(Signed) Albert T. Chambers. M.D.

Address 614 S. Paca St

Date January 16. 1907 ✓

Place of Burial Lancaster County Home Va

Date Jan 17 1907

Undertaker Wm J. Dickenson Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 97255 — Registered No. B 97255

CERTIFICATE OF DEATH.

(Place of Death.) No. 508 N. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan E. Dozier

{Residence, if in Baltimore, Give Street and Number.} 508 N. Fayette

Duration of Residence in Baltimore. 30 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 10 1845

AGE: 62 years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Wm R. Dozier

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Ann Sutton

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm R Tickner

(Address) Camden & Paca

Filed 1/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

T.B

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 14 1907

I HEREBY CERTIFY, That I attended deceased from Jany 11 1907 to Jany 14 1907 that I last saw her alive on Jany 14 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) 8 DAYS

Contributory (Primary.) Chronic Bronchitis

2 years. (DURATION) [illegible]

(Signed) M. A. Weinberg M.D.

Address 18 Pearl St.

Date Jany 15 1907

Place of Burial Loudon Park

Date January 17 1907

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

97256 Registered No. B 97256

CERTIFICATE OF DEATH.

104 V

(Place of Death.) No. 530 W. Conway st. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles A. Euler

{Residence, if in Baltimore, Give Street and Number.} 530 W. Conway st

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: August 6 1852

AGE: 44 years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): ~~Germany~~ City

FULL NAME OF FATHER: Charles Euler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Paper box Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E. Euler

(Address) 530 W. Conway st

Filed 1/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 15 1907

I HEREBY CERTIFY, That I attended deceased from Jan 13 1907 to Jan 15 1907 that I last saw him alive on Jan 15 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Gastritis

(DURATION) DAYS

Contributory (Primary) Gastric Hemorrhage (DURATION) DAYS

(Signed) J. M. Driscoll M.D.

Address 621 Columbia Ave

Date Jan 16 1907

Place of Burial Lorraine Cem

Date Jan 18 1907

Undertaker Wm. J. Tuckerson

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

621 Columbia ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 97257 — Registered No. B 97257

167

CERTIFICATE OF DEATH.

(Place of Death.) No 2414 Mt Vernon Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frances Ann Wilson

{Residence, if in Baltimore, Give Street and Number.} 2414 Mt Vernon Ave

Duration of Residence in Baltimore. 7 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 23 1856

AGE: 51 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Robert Powell

BIRTHPLACE OF FATHER (State or country): Jacksonville Fla

MAIDEN NAME OF MOTHER: Henrietta L Keene

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Albert J. Wilson

(Address 2414 Mt Vernon Ave

Filed Jan 16 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 15 1907

I HEREBY CERTIFY, That I attended deceased from 7 Am Jan 15 to 1 15 PM Jan 15 1907

that I last saw her alive on Jan 15 1907

and that death occurred, on the date stated above, at 1 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock.

Accident

(DURATION) DAYS

Contributory (Primary) Burns of 2d degree on entire body & limbs (DURATION) DAYS

(Signed) Henry Leuthusser M.D.

Address 1818 N. Charles St

Date 1907

Place of Burial London Park

Date January 16th 1907

Undertaker H. Eshenwith & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

15 IV

CERTIFICATE OF DEATH.

Registered No. B 97258

City of Baltimore, (No. 2119, Harlund St., in 14th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME ~~Child Not Named~~ Joseph Theresa Gourley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. (Month) 15 (Day) 1907 (Year)

AGE: ... years, ... months, 8 hours days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joseph Gourley

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Theresa V. Staff

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Gourley

(Address) 2119 Harlund st

Filed 1/16 1907 PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 15 1907 to Jan 15 1907 that I last saw h-- alive on Jan 15 1907, and that death occurred, on the date stated above, at 4 P.

M. The CAUSE OF DEATH was as follows:

Asphyxia.

8 hours (DURATION) Life

Contributory Premature birth. (DURATION) DAYS

(Signed) Wm Grant M. D.

Jan. 15 1907 (Address) 2114 N. North ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Jan 16 1907

UNDERTAKER: E. A. Kirkpatrick | ADDRESS: Lemmon

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 97259

Registered No. B 97259

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaretha Miller

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W.

DATE OF BIRTH: 1830

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael McKael

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary O'Mealy

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 1/16 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 15th 1907

I HEREBY CERTIFY, That I attended deceased from Record 190 to 190

that I last saw h alive on 190 7

and that death occurred, on the date stated above, at 2.15 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Disease of heart

Unknown (DURATION) DAYS

Contributory (Primary.)

Debility of age (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date January 15 1907

Place of Burial Holy Cross

Date January 17-40 1907

Undertaker J. C. Nuttfield

Address 914 Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 97260

97260

CERTIFICATE OF DEATH.

Found dead in gutter at.

(Place of Death.) No. S W Cor Belt Ave & Clement St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael F. Butler.

{Residence, if in Baltimore, Give Street and Number.} 1428 Jackson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 26 1856

AGE 50 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Michael Butler.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Don't know.

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED Horse shoer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Butler (wife)

(Address) 1428 Jackson St

Filed 1/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 17 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

Chronic

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thos McEnhardt M.D.

Address Locust

Date January 17. 1907

Place of Burial St Johns Cem.

Date January 17. 1907

Undertaker James and Margaret Butler

Address 42 E Fort St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th — 97261 — Registered No. B 97261

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Dallas, 1541 Covington — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marion Ambrosco Staylor

{Residence, if in Baltimore, Give Street and Number.} 1541 Covington St

Duration of Residence in Baltimore. All his life,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1874.

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Phillip Staylor

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Phillip Staylor

(Address) 1541 Covington St

Filed 1/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 5th 1907 to Jan 13 1907 that I last saw h[im] alive on Jan 13th 1907, and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis,

(DURATION) 4 1 DAYS

Contributory (Primary.) Pneumonia,

(DURATION) Ten DAYS

(Signed) J. Alston Dent M.D.

Address 1602 Penna Ave

Date Jan 14th 1907

Place of Burial Loudon Park Cem.

Date January 17th 1907

Undertaker Daniel and Maynard E. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97262

City of Baltimore, (No. 720 W. Monk ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph C. Major

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 29 (Day) 1905 (Year)

AGE: 1 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Clifford Major

BIRTHPLACE OF FATHER (State or country): Mass.

MAIDEN NAME OF MOTHER: Annie Comy

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) annie C Major

(Address) 720 W Monk ave

Filed 1/16 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 6 1907 to Jan 14 1907 that I last saw h[illegible] alive on Jan 14 1907, and that death occurred, on the date stated above, at [illegible] M. The CAUSE OF DEATH was as follows:

Disease I has I about
accidental fall S.B. Comy
(DURATION) 8 DAYS

Contributory Meningitis
(DURATION) 4 DAYS

(Signed) Howard A. Dilworth M. D.

Jan 15 1907 (Address) 1914 Bolton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Jan 16 1907

UNDERTAKER: W J Pickrum & Son

ADDRESS: Caudens Lane

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 97263 — Registered No. B 97263

CERTIFICATE OF DEATH.

931

(Place of Death.) No. 1412 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry E. Brown

{Residence, if in Baltimore, Give Street and Number.} 1412 N. Mount St.

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Oscar Brown

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Katie Smith.

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William P. Jones

(Address) 1412 Mount St.

Filed 1/16 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Jan~~ 12 Jan 14 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Jan 14 1907

that I last saw h~~e~~r alive on Jan 14 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 DAYS

Con'tributory (Primary.) ~~H~~ Hemorrhage

(DURATION) 4 DAYS

(Signed) E. H. Hooker M.D.

Address 1142 S. Sharp St

Date Jan 15th 1907

Place of Burial Laurel Cemetery

Date Jan. 17 1907

Undertaker Felix B. Pope

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 97264 — Registered No. B 97264

CERTIFICATE OF DEATH.

(Place of Death.) No. 1106 Riggs Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name child of Wm & Lillian Anacker

{ Residence, if in Baltimore, Give Street and Number. } 1106 Riggs Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 16 1907

AGE: 0 years, 0 months, ½ hour days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm. Anacker

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lillian Barnes

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Anacker

(Address) 1106 Riggs Ave

Filed 1/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 16" 1907

I HEREBY CERTIFY, That I attended deceased ~~from~~ ~~1907~~ to Jan 16" 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 7 ~~a~~ M. CAUSE OF DEATH (Secondary or Immediate.)

Cyanosis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw St

Date Jan 16" 1907

Place of Burial Loudon Park

Date Jan 16 th 1907

Undertaker Leo Eis & Branch

Address 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 Registered No. B 97265

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 Jordan Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Barnard

{Residence, if in Baltimore, Give Street and Number.} 915 Jordan Alley

Duration of Residence in Baltimore. Lyre.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Stevens

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Maria Bowers

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Barnard.

(Address) 915 Jordan Al'

Filed 1/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 14 1907.

I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1907 to Jan. 15 1907

that I last saw h alive on Jan. 14, 1907,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia (DURATION) 2 DAYS

Contributory (Primary.) Nephritis (DURATION) ? DAYS

(Signed) Hdw Magruder M.D.

Address 922 Eddison Ave.

Date Jan. 15, 1907

Place of Burial M.E. Cemetery

Date January 17th 1907

Undertaker Felix B. Pye

Address 1026 E. Mulberry St

WM. J. C. DULANY CO., Baltimore.

Thine

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11

Registered No. B 97266

97266

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Jane Donohue.

{Residence, if in Baltimore, Give Street and Number.} 523 N. Howard St.

Duration of Residence in Baltimore. 4 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH 1

AGE About 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown.

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J Donohue.

(Address) 523 N Howard St

Filed 1/16 1907

HARRY C. ANDERSON Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 1906 to Jan 15 1907 that I last saw h alive on Jan 15 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chr. Brights disease

2 yrs (DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) 1 DAYS

(Signed) E. C. Langley M.D.

Address Md. Gen. Hosp.

Date Jan 15 1907

Place of Burial New Cathedral

Date Jan 18 1907

Undertaker Wm. M. Gaughan

Address 901 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B 167 V

CERTIFICATE OF DEATH.

(Place of Death.) No. N. 2120 Division St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lorenzo Wrecles

{Residence, if in Baltimore, Give Street and Number.} 2120 Division St. D. 9126

Duration of Residence in Baltimore. 80 years (about)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: October 20 1820

AGE: 86 years, 2 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Montgomery Co. Md.

FULL NAME OF FATHER: Isaac Wrecles

BIRTHPLACE OF FATHER (State or country): Montgomery Co. Md.

MAIDEN NAME OF MOTHER: Debering Webster

BIRTHPLACE OF MOTHER (State or country): Montgomery Co. Md.

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Wrecles

(Address) 2120 Division St.

Filed Jan 17th 1907 — ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 15th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Jan 15th 1907

that I last saw h.im alive on Jan 15th 1907

and that death occurred, on the date stated above, at 9.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute nephritis

(DURATION) 21 DAYS

Contributory (Primary.) Burn on Left Thigh and Leg (DURATION) 21 DAYS

(Signed) Albert L. Sanders M.D.

Address 1113 N. Gilmor St

Date January 16 1907

Place of Burial St Peters Cemetery

Date Jan 17 1907

Undertaker Lehmann & Dugan

Address 1364 N Carey St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97268

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 328, W Camden St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Michael Farell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) (Day) 1864 (Year)

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York Rhode Island

FULL NAME OF FATHER: Thomas Farell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Delony

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J A Jeller

(Address) 2113 W Pratt St

Filed January 17th 1907

HANNA C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 15 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 9 1907 to Jan 15 1907

that I last saw h— alive on Jan 15 1907

and that death occurred, on the date stated above, at 10 P M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 7 DAYS

Contributory Asthma

(DURATION) 2 DAYS

(Signed) Jno J Glenn M. D.

1/16 1907 (Address) 650 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Jany 17 1907

UNDERTAKER: N. S. Fink

ADDRESS: 2113 W. Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

Registered No. B 97269

CERTIFICATE OF DEATH.

(Place of Death.) No. 2202 Christian St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fred. Hurd Wright

{Residence, if in Baltimore, Give Street and Number.} 2202 Christian St

Duration of Residence in Baltimore. Life time. B.97269

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 28" 1906

AGE: 0 years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Wm Wright

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: Mary Rausch

BIRTHPLACE OF MOTHER (State or country): Balt Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Rausch

(Address) 2202 Christian St

Filed Jan 17th 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15. 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Jan 15 1907 that I last saw him alive on Jan 14 1907 and that death occurred, on the date stated above, at 2.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia.

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) 11 DAYS

(Signed) [illegible] M.D.

Address 1730 Hollins Ave

Date Jan 16 1907

Place of Burial New Cathedral

Date Jan 18" 1907

Undertaker H S Frush

Address 413 N Paca St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97270

City of Baltimore, (No. 3349 Windsor Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Henderson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug. (Month) 12 (Day) 1826 (Year)

AGE: 80 years, 5 months, 3 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balt. city

FULL NAME OF FATHER: James Berry.

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Matilda F Kunn

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. L. Kindrum

(Address) 3349 Windsor ave.

Filed 1/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 15 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from [illegible] past 6-7 years 190

that I last saw h[illegible] alive on Jan 14 190 7

and that death occurred, on the date stated above, at 8-05 A. M. The CAUSE OF DEATH was as follows:

Senile debility

(DURATION) DAYS

Contributory Has been bed ridden for the past 4 yrs (DURATION) DAYS

(Signed) Thomas F Kelly M. D.

Jan 16 1907 (Address) 610 N Smith

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 17 1907

UNDERTAKER: Jos B Cook — ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 97271 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 407 Courtland St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry C Hooper

{Residence, if in Baltimore, Give Street and Number.} 407 Courtland St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 5th 1845

AGE 61 years, 6 months, 10 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James A Hooper

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Catharine E Holloway

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert Hooper.

(Address) 1526 Bolton St.

Filed 1/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 15th 1907

I HEREBY CERTIFY, That I attended deceased from abt Jany 1905 to Jany 15th 1907

that I last saw him alive on 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

A Paralysis

(DURATION) DAYS

Con'ributory (Primary) Myocarditis

(DURATION) over 100 DAYS

(Signed) [illegible] M.D.

Address 507 N Charles St

Date Jany 15th 1907

Place of Burial Green Mt Cemetery

Date Jany 17th 1907

Undertaker Stewart & Mowbray

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] 97212 Registered No. B 97212

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1629 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert E Byron

{Residence, if in Baltimore, Give Street and Number.} 1629 Jackson St. D 97212

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: April 21st 1906

AGE: ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Charles H. Byron

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Sarah Eben

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H. Byron

(Address) 1629 Jackson St.

Filed 1/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 15th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 15 1907 that I last saw him alive on Jan 14 1907 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 15 DAYS

Contributory (Primary.) General Prostration (DURATION) 2 DAYS

(Signed) J. H. Cole M.D.

Address 736 N Fulton Ave

Date Jan 16 1907

Place of Burial London Park Cemetery

Date January 17th 1907

Undertaker Edward I Fanning

Address 1760 Battery Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

64r

CERTIFICATE OF DEATH.

(Place of Death.) No. 600 S. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Phillips

{ Residence, if in Baltimore, Give Street and Number. } 600 S. Luzerne St

Duration of Residence in Baltimore. Life

8972

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 3rd 1834

AGE: 72 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Thomas Phillips

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Mary Brown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Tullberg

(Address) 600 S. Luzerne St

Filed 1/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Tuesday, Jan 15" 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to ..... 190..

that I last saw her alive on Jan 15" 1907

and that death occurred, on the date stated above, at 3.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 2 hrs

Contributory (Primary.) Cerebral Haemmorhage (DURATION) ..... DAYS

(Signed) J Claggett Rohrbaugh M.D.

Address 2129 E Balto St.

Date Jan 15" 1907

Place of Burial New M. E. Cemetery

Date Jan. 17 1907

Undertaker Germanus Thanz

Address 1804 & Wolfe Sts.

WM. J. C. DULANY CO., SALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the City of Baltimore, the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, shall be the duty of *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 1102 W Balto St.; 18 Ward) Registered No. B 97274

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John J Heutz

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR wht

DATE OF BIRTH May (Month) 10 (Day) 1830 (Year)

AGE 76 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Penna

FULL NAME OF FATHER Jno J Heutz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Heutz Jr

(Address) 1102 W Balto St

Filed 1/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 26 Dec 1906 to Jan 16 1907

that I last saw h[e] alive on Jany 15 1907,

and that death occurred, on the date stated above, at 11.50 P. M. The CAUSE OF DEATH was as follows:

Bright Disease of Kidneys

about one year (DURATION) DAYS

Contributory none (DURATION) DAYS

(Signed) G Lane Taneyhill M. D.

Jan 16 1907 (Address) 1103 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Southedun

DATE OF BURIAL Jan 18th 1907

UNDERTAKER A F Philbin

ADDRESS 1711 Madison

Ward IX 97275 Registered No. B 97275

CERTIFICATE OF DEATH. 19✓

(Place of Death.) No. 19 N. Frederick St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Rinnard

{Residence, if in Baltimore, Give Street and Number.} 19 N. Frederick St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: March 1865

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Adam Rinnath

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rinnath

(Address) 130 N. Washington St

Filed 1/17/07 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10, 1907

I HEREBY CERTIFY, That I attended deceased from Sudden Death 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6.30 P. M., CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.) Alcoholism

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 126 N. Carolina St

Date Jan. 10 1907

Place of Burial Balt Cemetery

Date Jan 17th 1907

Undertaker Geo Lewin Sachsen

Address 647 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97276

City of Baltimore, (No. 42 W. Biddle St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Savage Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Oct. (Month) 19th (Day) 1829 (Year)
AGE	73 years, 7 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Geo. Williams
BIRTHPLACE OF FATHER (State or country)	Mass.
MAIDEN NAME OF MOTHER	Elizabeth Hawkins
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Insurance Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) The Family

(Address) 42 W. Biddle St.

Filed 1/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 16th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 15th 1907 to Jan 16th 1907 that I last saw h.. alive on Jan 16 1907, and that death occurred, on the date stated above, at 5 a.m. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

about 7 hours (DURATION) ——— DAYS

Contributory ———

(DURATION) ——— DAYS

(Signed) Nathan R. Gorlin M. D.

Jan 17th 1907 (Address) 1 W. Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Jan 18 1907
UNDERTAKER	ADDRESS
Evans & Spence	1187 Fourth Ave

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 97277 — Registered No. B [illegible] 46 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 842 Vine st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emily Holmes.

{Residence, if in Baltimore, Give Street and Number.} 842 Vine st.

Duration of Residence in Baltimore. 27 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Col.

DATE OF BIRTH: no facts. 1863

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Va. Essex Co.

FULL NAME OF FATHER: Albert Oneal.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mary A. Brady.

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: House duties.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Butler

(Address) 5110 Vine St

Filed 1/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 - 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 30 1906 to Jan 16 1907

that I last saw h[illegible] alive on Jan 14 1907

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Artic Rheumatism

Endocarditis.

6 months. (DURATION) ... DAYS

Con'ributory (Primary.) Exhaustion.

(DURATION) ... DAYS

(Signed) L. E. Lowndes M.D.

Address 609 W. Franklin

Date 1/16 - 1907

Place of Burial Mt Auburn

Date January 18th 1907

Undertaker Alex Stronach

Address 1708 Bridge

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97278

City of Baltimore, (No. 812, E. North ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary Edith Green

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 2nd (Day) 1866 (Year)

AGE: 41 years, 11 months, 17 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Saml. W. Brooks

BIRTHPLACE OF FATHER (State or country): Baltimore City Md

MAIDEN NAME OF MOTHER: Laura V. King

BIRTHPLACE OF MOTHER (State or country): Baltimore City Md

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank E. Cunningham

(Address) 812 E. North ave

Filed 1/17 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 16th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 3rd 1906 to Jan 16th 1907

that I last saw her alive on Jan. 14th 1907

and that death occurred, on the date stated above, at 12-05 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory Pleurisy and Catarrh of the Stomach (DURATION) DAYS

(Signed) H. Zapp M. D.

Jan. 16th 1907 (Address) 3050 W. North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Friends Cemt

DATE OF BURIAL: Jan 18 1907

UNDERTAKER: Josiah Syfer

ADDRESS: 1602 W North ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, color** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 E Baltimore St

St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name ~~Mr~~ Isaac Schwartz

{ Residence, if in Baltimore, Give Street and Number. } 1103 E Baltimore St 69729

Duration of Residence in Baltimore. 21 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Harry Schwartz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Dena Blum

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Moses Schwartz

(Address) 1038 Baltimore St

Filed 1/17 1907

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 16 1907

I HEREBY CERTIFY, That I attended deceased from 13th January 1907 to 16th January 1907

that I last saw him alive on 4 4 1907

and that death occurred, on the date stated above, at 10:30 P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Grippe

(DURATION) 4 DAYS

(Signed) J. H. Hollenberg M.D.

Address 1810 E Baltimore St

Date January 17 1907

Place of Burial Philip's Rd Road Dale

Date Jan 18 1907

Undertaker Max Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 97280

City of Baltimore, (No. 511 N. Eutaw ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucia Matthews

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: c

DATE OF BIRTH: ..... (Month) ..... (Day) ..... Year)

AGE: 28 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 511 N. Central Ave

Filed 1/17 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from at intervals for several years 190 ... to Jan 16 190 7

that I last saw her alive on Jan 15 190 7,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

I
Tuberculosis
several months (DURATION) ..... DAYS

Contributory
Exhaustion (DURATION) ..... DAYS

(Signed) W. H. White M. D.

Jan 16 1907 (Address) 1107 N Bro...

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Jan 18 1907
UNDERTAKER	ADDRESS
R. A. N. Elliott	506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 — 97281 — Registered No. B 179 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2301 Hunter's Alley (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Flemming

{ Residence, if in Baltimore, Give Street and Number. } 2301 Hunter's Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Col.

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto md.

FULL NAME OF FATHER: ~~Flemming~~ Henry Flemming

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Isaacs

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Bayley

(Address) 22nd + Ensor St.

Filed 1/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 15 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Jany 15 1907

that I last saw him alive on Jany 15 1907.

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Death was from Exhaustion or (asthenia).

1 Mo. 20 Days. Total in Days (DURATION) 50 DAYS

Contributory (Primary.) Marasmus ~~Acute Cerebral Tuberculosis~~ Caused by Bottle or Z (DURATION) ~~1~~ DAYS

(Signed) Houghton Baxley M.D.

Address 1701 E. Fairmount Ave

Date Jany 15 1907

Place of Burial Laurel Cemetery

Date Jan 17 1907

Undertaker P. A. Kelly

Address 506 Rogers Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 97282 Registered No. B

CERTIFICATE OF DEATH.

17-V

(Place of Death.) No. 2318 Stricker St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Benjamin Hungan

{Residence, if in Baltimore, Give Street and Number.} 2318 Stricker St

Duration of Residence in Baltimore. Life

D. 97282

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Sept. 2nd 1907

AGE: — years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Hungan

(Address) 2318 Stricker St

Filed 1/17 1908 HARRY C. ANDRAE'S, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

accidentally smothered in sleep by mother.

..... (DURATION) .....

Contributory (Primary.) .....

..... (DURATION) .....

(Signed) Chas Boardman M.D.

Address 700 Lafayette Ave

Date Jan. 16th 1908

Place of Burial Mt. Auburn Cem

Date Jan 17th 1908

Undertaker Saml H. Chisel

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward I

Registered No. B 97283

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Morley

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday,

(Address) BAY VIEW ASYLUM Supt.

Filed 1/17 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 15 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to Jany. 15 1907

that I last saw her alive on Jany. 15 1907,

and that death occurred, on the date stated above, at 5.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia,

(DURATION) 2 DAYS

Con'ributory (Primary.) Hypostatic pneumonia

(DURATION) 10. DAYS

(Signed) J M Downey M.D.

Address Bay View Asylum

Date January 15. 1907

Place of Burial Holy Cross Cem.

Date Jan. 18th 1907

Undertaker Jno A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

97284

47 V

97284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

[redacted]

Registered No. B.....

City of Baltimore, (No. 1517 W Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Blanch Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 3 (Day) 1894 (Year)

AGE: 12 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Chas A Jackson

BIRTHPLACE OF FATHER (State or country): Alex. Va.

MAIDEN NAME OF MOTHER: Mattie M.

BIRTHPLACE OF MOTHER (State or country): Kings Co Va.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A Jackson

(Address) 1517 W Lanvale St

Filed 1/17 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 18. 1906 to Jan. 16. 1907

that I last saw her alive on Jan. 16 1907,

and that death occurred, on the date stated above, at 7:45 P. M. The CAUSE OF DEATH was as follows:

Dilatation of Heart due to organic disease.

(DURATION) 1 yr DAYS

Contributory Rheumatism

(DURATION) 3 yrs DAYS

(Signed) F. M. Gorman M. D.

Jan 17 1907 (Address) 317 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan. 18 1907
UNDERTAKER	**ADDRESS**
Mrs Geo P. Paulus	2101 Fred'k Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 97285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97285

Registered No. B [redacted]

City of Baltimore, (No. 70 Browns Lane St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Braun

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept. 7 (Month) (Day) 1844 (Year)

AGE: 62 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Adam Fuhr

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Schaffer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Braun

(Address) 70 Browns Lane.

Filed 1/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 16th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 8 1906 to Jany 16 1907

that I last saw her alive on 16 Jany 1907, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Cancer of the intestines.

Since April 8 1907 (DURATION) 9 days

Contributory Don't know (DURATION) DAYS

(Signed) Robert C Kuers M. D.

Jan 17 1907 (Address) 1001 W Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan 18 1907
UNDERTAKER	ADDRESS
Mrs Geo P. Paulus	2101 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 97286 Registered No. B 97286

17 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2319 E Madison St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Charles Ellen Shuck

{ Residence, if in Baltimore, Give Street and Number. } 2319 E Madison St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 1 Minute days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Charles Shuck

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Ellen Mahon

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Shuck

(Address) 2319 E. Madison St.

Filed 1/17 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

: Baby died after making a few gasps for breath.

: Hard Labor

..... (DURATION) ..... DAYS

Con tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Chas. H. Ruby M.D.

Address 1113 Madison Ave

Date Jan 16 - 1907 190

Place of Burial St Peters

Date Jan 17 190 7

Undertaker John J Cowan

Address 961 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23th Wd. 97287 Registered No. B 1467

CERTIFICATE OF DEATH.

(Place of Death.) No. 101 Crouthers alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herbert Mason Patterson

{Residence, if in Baltimore, Give Street and Number.} 101 Crouthers alley

Duration of Residence in Baltimore. 8 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 12 th 1905

AGE: ..... years, 13 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore County

FULL NAME OF FATHER: Howard Martin Patterson

BIRTHPLACE OF FATHER (State or country): Fredricksburg Va

MAIDEN NAME OF MOTHER: Edna V. Ensor

BIRTHPLACE OF MOTHER (State or country): Baltimore County Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard M. Patterson (Father)

(Address) 101 Crouthers Alley

Filed 1/17 1907 MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 16, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 3 1907 to Jan 16 1907 that I last saw him alive on Jan 12 1907, and that death occurred, on the date stated above, at 1.12 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pri. Mastoid Abscess

Sec. Paralysis

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Vernon F. Kelly

Address 405 Falls Rd

Date Jan 16, 1907

Place of Burial St Marys Hampden

Date Jany 18th 1907

Undertaker Wm E. Ehenouth & Son

Address 919 Third ave Hampden Baltimore City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

34 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97288

City of Baltimore, (No. Balto. City Jail St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Hall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: 1885 (Month) (Day) (Year)	
AGE: 22 years, months, days	
SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Jamaica	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Cook	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jail Keeper

(Address)

Filed 1/17 1907 HARRY C. ANDREWS, FINAL CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 17th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to Jany 17 1907

that I last saw h[illegible] alive on Jan 16 1907

and that death occurred, on the date stated above, at 4 03 A. M. The CAUSE OF DEATH was as follows:

Glandular & general Tuberculosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Benj. S. Hopkins [illegible] M. D.

Jan 12, 1907 (Address) 1216 N. Caroline St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 626 S. Sharp

How long at Place of Death? 7 Months Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Jany 18 1907
UNDERTAKER: Evans & Spencer	ADDRESS: 1101 N. Mt St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 97289 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 102 E. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C. Faithfull

{Residence, if in Baltimore, Give Street and Number.} 102 E. Franklin St.

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feby 2 186[illegible]

AGE 45 years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Hugh Hamilton

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Helen Tippe

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Boarding House Mistress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 102 E. Franklin St.

Filed 1/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 16th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 16th 1907 1.0 a.m. to Jan. 16th 12 a.m. 1907 that I last saw h[illegible] alive on Jan. 16 1907, and that death occurred, on the date stated above, at [illegible] m. CAUSE OF DEATH (Secondary or Immediate)

acute indigestion

(DURATION) DAYS

Con'tributory (Primary.) heart failure

(DURATION) DAYS

(Signed) Dr. Chas Deetjen M.D.

Address 24 W. Franklin St

Date Jan. 16th 1907

Place of Burial Druid Ridge Cemetery

Date January 18th. 1907

Undertaker Evans & Spence

Address 118 W. Mt. Royal

OK B.S. Hayden Coroner.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 V

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 506 N. Schroder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles F. List

{ Residence, if in Baltimore, Give Street and Number. } 506 N. Schroder St.

Duration of Residence in Baltimore. Lifetime D. 9/3/90

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 4th 1903

AGE 3 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John C. List

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Lilly V. Finch

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. List

(Address) 506 N. Schroder.

Filed 1/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 16th (6 hours) died in one hour 1907 to 190

that I last saw him alive on Jan 16th 1907

and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Supposed to be Uremic Convulsions

Child sick only four hours

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. F. Hill M.D.

Address 1001 Edmondson Ave

Date Jan 17th 1907

Place of Burial Western Cemetery

Date Jan. 18th 1907

Undertaker Mr. & Mrs. John H. Tenfelde

Address 201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... 9725 ... 64

CERTIFICATE OF DEATH.

Place of Death.) No. Md. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Burris

{Residence, if in Baltimore, Give Street and Number.} 1622 Ettings av

Duration of Residence in Baltimore. Thirty-five years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: 47 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Va	
FULL NAME OF FATHER: Charles Bland	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Laundress	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Brooks

(Address) 543 Dolphin st

Filed 1/17 1907 BARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 16th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

died suddenly (DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Wm A Balloman M.D.

Address 710 Log. av. (Compton)

Date Jan. 17th 1907

Place of Burial Mount Auburn

Date Jan 18 1907

Undertaker J H Bowen & Son

Address 1222 Druid Hill av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

40 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97292

City of Baltimore, (No. 517 W. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophia Johnson

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	Mulatto
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	86 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Midwife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Sorrell

(Address) 231 N Eden St.

Filed 1/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January (Month) 16th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan — 1901 to Jan 16th 1907 that I last saw h er alive on Jan 13th 1907, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) DAYS

Contributory Carcinoma of Uterus

(DURATION) DAYS

(Signed) Henry M. Fitzhugh M. D.

Jan 17 1907 (Address) 211 W. Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	1/18th 1907
UNDERTAKER	ADDRESS
Alex Hemelup	519 W Biddle

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61 V

CERTIFICATE OF DEATH.

Registered No. B 97293

City of Baltimore, (No. 412, N. Carey, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter Wm. Bower

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: Dec (Month) 30 (Day) 1889 (Year)

AGE: 17 years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Chas. H. Bower

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Ida E. Wessels

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Engraver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H. Bower

(Address) 412 N. Carey st

Filed 1/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 16 1907 to Jany 17 1907

that I last saw h im alive on Jany 17 1907,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Cerebro Spinal Meningitis (?)

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Wm Dulany Thomas M. D.

Jany 17 1907 (Address) 633 Carrollton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Dec 19 1907

UNDERTAKER: Geo J Smith & Co

ADDRESS: W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97204

City of Baltimore, (No. 764½ W. Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard Thomas Frizzell

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Jan (Month) 1st (Day) 1840 (Year)

AGE: 67 years, — months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Elliot city Md

FULL NAME OF FATHER: Beale Frizzell

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md

MAIDEN NAME OF MOTHER: Rebecca Ball

BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md

OCCUPATION OF DECEASED: Cigar maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Rodgers

(Address) 764½ W. Saratoga

Filed 1/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 17th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Jan 14 1907 that I last saw him alive on Jan 16 1907, and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:

Bronchopneumonia

(DURATION) 7 DAYS

Contributory La Grippe

(DURATION) 17 DAYS

(Signed) r Van Williams M. D.

Jan 17 1907 (Address) 701 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Jan 19 1907

UNDERTAKER: Geo J Smith Co. — ADDRESS: 1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97295

City of Baltimore, (No. 1019, Sharp St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Lena Millinger

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 24 1818 (Month) (Day) 1818 (Year)

AGE 89 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Leinbacher

(Address) 647 11 Paca St

Filed 1/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Jan 16 1907

that I last saw her alive on Jan 15 1907,

and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Carcinoma

right breast

(DURATION) 10 yrs DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. H. Gunkans M. D.

Jan 17 1907 (Address) 1203 Eagle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery | DATE OF BURIAL Jan 19 1907

UNDERTAKER Geo Leinbacher & Son | ADDRESS 647 11 Paca St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

972.06 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. S. S. "Pruslan" Pandrinski St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kazimir Poushinski

{Residence, if in Baltimore, Give Street and Number.} Emigrant

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Prussian (Russia)

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher & Co

(Address) 6 S. Gay St

Filed 1/18 1907

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 17 January 1907.

I HEREBY CERTIFY, That I attended deceased from 11. I. 1907 to 17. I. 1907 that I last saw him alive on 16. I. 1907 and that death occurred, on the date stated above, at 1.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis (Tuberculosis of brain)

(DURATION) 6 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Fred. Hfld Lovell M.D.

Address S. S. "Pruslan"

Date 17. January 1907.

Place of Burial 1st Evangelical Lem.

Date January 18 1907

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 97297 — Registered No. B 9720[illegible]

CERTIFICATE OF DEATH.

10V

(Place of Death.) No. 1803 North Charles St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Harriet S. Pond

{Residence, if in Baltimore, Give Street and Number.} 1803 North Charles St

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Woman | COLOR: White

DATE OF BIRTH: Nov. 26 1819

AGE: 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): New York City

FULL NAME OF FATHER: John W. Taylor

BIRTHPLACE OF FATHER (State or country): Somerville N.J.

MAIDEN NAME OF MOTHER: Sarah Collins

BIRTHPLACE OF MOTHER (State or country): New York City

OCCUPATION OF DECEASED: A Lady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate P. Mebus.

(Address) 444 Monroe Ave

Filed 1/18 1907 Elizabeth N.J.

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 16 th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 9th 1907 to Jan 16 th 1907 that I last saw h[illegible] alive on Jan 16 1907, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia following influenza

(DURATION) 5 DAYS

Contributory (Primary.) Influenza (DURATION) 8 DAYS

(Signed) Mary Sherwood M.D.

Address The Arundel

Date Jan 17 th 1907

Place of Burial Elizabeth, New Jersey

Date January 18th 1907

Undertaker Henry W. Justice Sons Co

Address 233 W. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97298

City of Baltimore, (No. 1213 Jackson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis P. Kling

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1 (Month) (Day) (Year)

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Elies Kling

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lena Goldberg

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Blaustein

(Address) 1224½ E. Fayette St

Filed 1/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1 (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1/17 1907 to 1/17 1907

that I last saw h... alive on 1/17 1907,

and that death occurred, on the date stated above, at 10 30 P. M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis

Emphysema

(DURATION) ... DAYS

Contributory Cardiac Asthenia

(DURATION) 1 DAYS

(Signed) B. C. Hatty M. D.

1/17/ 1907 (Address) 116 Aisquith St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Blair Rd Delma — DATE OF BURIAL: Jan 19 1907

UNDERTAKER: Max Levinson — ADDRESS: 1138 Lan...

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 508 Heath St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Schultz

{ Residence, if in Baltimore, Give Street and Number. } 505 Hersh St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 24 1844

AGE 62 years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Peter Dorr

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Lucas Son in law

(Address) 508 Heath St.

Filed 1/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1907 to Jan 15th 1907

that I last saw h alive on Jan 15th 1907

and that death occurred, on the date stated above, at 10P M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal obstruction

(DURATION) 2 DAYS

Contributory (Primary.) Lobar Pneumonia (DURATION) 10 DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles St

Date Jan 16th 1907

Place of Burial Baltimore Cemetery

Date Jan. 18th 1907

Undertaker E. J Fanning

Address 1760 Battery av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 97300 Registered No. B [illegible]

1791

CERTIFICATE OF DEATH.

(Place of Death.) In the Southern District Patrol Wagon No. Cor Race & Cross Sts while being taken to the Maryland University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Otter

{Residence, if in Baltimore, Give Street and Number.} 114 W. West St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 19 1855

AGE 50 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Philip Otter

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Lipp

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George D Otter (Son)

(Address) 1105 S Charles St

Filed 1/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 16 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at 12.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo M Reinhardt M.D.

Address Coroner

Date January 17 1907

Place of Burial Cedar Hill

Date January 19 1907

Undertaker Jos. Stumterbecker

Address 1318 Light St.

WM. J. C. DULANY CO., Baltimore.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE. 175 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 97301

Registered No. B.....

City of Baltimore, (No. 872, N. Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine H. Demity

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 34 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Henry F. Demity

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Schultis

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Demity

(Address) 872 N Fayette St

Filed 1/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 13 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from As Lessons 190.. to ..... 190.....

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Gastritis, Cause & Acidity Carcinosis Sublimate in mistake for Hoffmans Anodyne. Ipecac Entity accidental (DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. D. Lightcap M. D.

1.17. 1907 (Address) 2117 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: 1/18 1907

UNDERTAKER: Wm J Schilling

ADDRESS: 9 E. Pobblet

WM. J. C. DULANY CO., BALTIMORE.

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 23 10

Registered No. B 97303

92 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2234 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward C Foor

{Residence, if in Baltimore, Give Street and Number.} 2234 Frederick Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 5 1895

AGE: 1 years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Christian J Foor

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Isabel Nickens

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: Bo

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr C J Foor.

(Address) 2234 Frederick Ave.

Filed 1/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

2 x 8

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Jan 17 1907 that I last saw him alive on Jan 16 1907, and that death occurred, on the date stated above, at 12.20 a.m. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Contagion

(DURATION) 1 DAYS

(Signed) Edward Contagion M.D.

Address 517 Fulton Ave

Date Jan 18 1907

Place of Burial Western Cemetery

Date Jan 18 1907

Undertaker W. Warren Routson

Address 230 N Green St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 97302 — Registered No. B

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1415 — May St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Reynard Skerrett

{Residence, if in Baltimore, Give Street and Number.} 1415 May

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): West Indias

FULL NAME OF FATHER: Anthony Skerritt

BIRTHPLACE OF FATHER (State or country): West India

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): West India

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Skerrett

(Address) 1415 May St

Filed 1/18 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 14 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 5.30 a m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Fredk J Carnett M.D.

Address Coroners Office

Date Jan 14-07 1907

Place of Burial ...

Date ... 190

Undertaker ...

Address ...

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of deceased, and the **cause and date of death.**

Ward 0 97304 Registered No. B 97304

CERTIFICATE OF DEATH.

(Place of Death.) No. 1423 Luzerne St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Urian Evans

{Residence, if in Baltimore, Give Street and Number.} 1423 Luzerne St

Duration of Residence in Baltimore. Life

D. 97304

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Andrew Evans

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew J. Evans

(Address) 1423 N. Luzerne

Filed 1/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Cr Dis't Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo. L. Cummins M.D.

Address Corner N and S

Date Jan 16 - 07 1907

Place of Burial Baltimore Cemetery

Date Jan 19 1907

Undertaker Wendell Lippett & Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 97305 — Registered No. 8

1207

CERTIFICATE OF DEATH.

(Place of Death.) No. 319 2d 1/2 W St., St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanley Monoky

{Residence, if in Baltimore, Give Street and Number.} 319 2d 1/2 St.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Unknown

AGE about 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Retired U.S. Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Barley

(Address) 319 W. Fayette St

Filed 1/18 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 16 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 16 1907

that I last saw h- alive on Jan 16 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia (Chronic Nephritis) Uremic Coma

2 days Fatal Extent

DURATION DAYS

Contributory (Primary) Chronic Interstitial Nephritis DURATION 2 or 3 Years

(Signed) Hamilton Bailey M.D.

Address 319 W. Fayette St

Date January 16 1907

Place of Burial National

Date Jan 19 1907

Undertaker Jno N. Toadvine

Address 142 Westgate St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 V

97306 Registered No. B 97306

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 136 W York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Robinson

{Residence, if in Baltimore, Give Street and Number.} 136 W. York

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored

DATE OF BIRTH: 1

AGE: ....years, 1 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Walter Robinson

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Eliza Brown

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Robinson

(Address) 136 W York St

Filed 1/18 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1907

I HEREBY CERTIFY, That I attended deceased from Jan 3 1907 to Jan 17 1907

that I last saw h alive on Jan 17 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 14 DAYS

Con'ributory (Primary) Stomach

(DURATION) 14 DAYS

(Signed) C. H. Fenton M.D.

Address 1125 Mt Auburn Ave

Date Jan 17 1907

Place of Burial Mt Auburn

Date June 19 1907

Undertaker Frost Trenton

Address 412 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 97307 — Registered No. B 97307

CERTIFICATE OF DEATH.

15-24

(Place of Death.) No. 2135 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Jaetsch

{Residence, if in Baltimore, Give Street and Number.} 2135 Jefferson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 18 1903

AGE: ..... years, ... months, 4 hours ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Jos. J. Jaetsch

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mamie A. Huffman

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. J. Jaetsch

(Address) 2135 Jefferson St.

Filed 1/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan 18 1907 to Jan 18 1907

that I last saw her alive on Jan 18 1907,

and that death occurred, on the date stated above, at 5 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

Livida

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Glades M.D.

Address 143 N. Bway

Date 1907

Place of Burial Holy Redeemer

Date Jan. 18 1907

Undertaker Jos. J. Herr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 19th.

97308 Registered No. B

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick F. Clark.

{Residence, if in Baltimore, Give Street and Number.} 1559 N. Fulton ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Patrick Clark

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Yardboss.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Clark

(Address) 1559 N. Fulton.

Filed 1/18 1907. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 16 1907

I HEREBY CERTIFY, That I attended deceased from Jany 11 1907 to Jany 16 1907 that I last saw h m alive on Jany 16 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate) Toxaemia - Acute retention of urine. Nephritis.

(DURATION) 16 DAYS

Contributory (Primary.) Senility - Nephritis.

(DURATION) DAYS

(DURATION) DAYS

(Signed) Victor F. Cullen M.D.

Address St Josephs Hospital

Date Jany 16 1907

Place of Burial Loudon Park

Date Jan. 19 1907

Undertaker Wm Cook

Address 602 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 97309 Registered No. B 917309

CERTIFICATE OF DEATH.

93V

(Place of Death.) No. 115 N. Appleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Prunty

{Residence, if in Baltimore, Give Street and Number.} 115 N. Appleton St.

Duration of Residence in Baltimore. 55 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1833

AGE 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Prunty

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Jane Riley

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Prunty

(Address) 115 N. Appleton

Filed 1/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Jan 17 1907

that I last saw h alive on Jan 16 1907.

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Hodson M.D.

Address 1403 W Fayette

Date Jan 17. 1907

Place of Burial St. Peter's Cem.

Date Jan. 19th 1907

Undertaker John J. Ryan

Address Bank & Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — B 917310 — Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Louis Dept. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen Allen

{ Residence, if in Baltimore, Give Street and Number. } St. Louis Dept. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	Dec 22 1906
AGE	..... years, ... months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) W H & I Asy.

Filed 1/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Jan 16 1907

that I last saw h.. m.. alive on Jan 15 1907

and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N. Caroline

Date 1-17 1907

Place of Burial New Cathedral

Date Jan 18th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 97311 Registered No. B 97311

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Steppens

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent. Inf. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	Dec 23, 1906
AGE	....years, ...months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 1/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16th, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1906 to Jan 16, 1907 that I last saw him alive on Jan 16 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

.....(DURATION).....DAYS

Contributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) C. H. Hayward M.D.

Address 1330 N Caroline

Date 1-17 1907

Place of Burial New Cathedral

Date Jan 18th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 97312 — Registered No. B 97312

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Inf asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Timothy Blew

{Residence, if in Baltimore, Give Street and Number.} St. Vincent. Inf. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W.
DATE OF BIRTH	Dec 11, 1906
AGE	..... years, 1 month, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 1/18 1907 HARRY O. ANDREWS, PERMIT CLERK & Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 11 1906 to Jan 15 1907 that I last saw h[e] alive on Jan 15 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N. Caroline St

Date Jan. 17, 1907

Place of Burial New Cathedral

Date Jan 18th 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97313 Registered No. B 97313

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo Rooney

{Residence, if in Baltimore, Give Street and Number.} St Vincent Inf. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	Dec. 21 - 1906 Jan 21 1907
AGE	....years, ...months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 1/18 1907 HARRY O. ROBERTS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 17 1907

I HEREBY CERTIFY, That I attended deceased from Dec 21 1906 to Jan. 17 1907 that I last saw h.. alive on Jan 17 1907, and that death occurred, on the date stated above, at 10 ..M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 1-17 1907

Place of Burial New Cathedral

Date Jan 18 1907

Undertaker Martin Fahey & Sons

Address 436 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 97314 — Registered No. B

166 V

CERTIFICATE OF DEATH.

(Place of Death.) No. McClure Shops B & O R. R. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Henry Miller

{ Residence, if in Baltimore, Give Street and Number. } St Denis Balto Co.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 10 1884

AGE 22 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Miller

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Mannion

(Address) St Denis Md

Filed 1/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Jan 17 1907

that I last saw him alive on Jan 16 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidentally Crushed between two passing trains at McClure Shops Internal Injury Fracture of Left Arm (DURATION) 2 DAYS

Contributory (Primary.) Shock Fracture of Left Arm (DURATION) 2 DAYS

(Signed) Samuel Jones Coroners Clk M.D.

Address —

Date Jan 18 1907

Place of Burial Melvale Cem. Elkridge

Date Sunday Jan 20 1907

Undertaker Wm J Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward (1) 97315 Registered No. B [illegible]

CERTIFICATE OF DEATH.

92 V

(Place of Death.) No. 2105 E Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Hilles

{Residence, if in Baltimore, Give Street and Number.} 2105 E Lafayette ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 25th. 1837

AGE: 69 years, 6 months, 22 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George H Doering

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Ebbeke

(Address) 2105 E Lafayette ave

Filed 1/18 1907

HARRY C. ARCHARD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 17th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 12 1907 to Jan 17th 1907

that I last saw her alive on Jan 17 1907

and that death occurred, on the date stated above, at 1140 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) X DAYS

Contributory (Primary) Labor Pneumonia

(DURATION) 4 DAYS

(Signed) C C Edwards M.D.

Address 1419 E Eag. St.

Date Jan 18th 1907

Place of Burial London Park Cemetery

Date Jany 21st 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97316 Registered No. B 97316

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sterling P. Herbert.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/18 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1906 to Jan 16 1907 that I last saw h.. alive on Jan 16 1907, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion

..... (DURATION) 3 DAYS

(Signed) R R Norris M.D.

Address Bay View Hospl.

Date Jan 17 1907

Place of Burial UNIVERSITY OF MARYLAND

Date JAN 17 1907 1907

Undertaker William H Woodus

Address 1811 aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9731

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of August + Dora Temper

D. 9/1317

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 16. 1907

AGE 6 hours.
..... years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER August Temper

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Dora Schluter.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/18 1907

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16. 1907

I HEREBY CERTIFY, That I attended deceased from Jan 16 1907 to Jan 16 1907 that I last saw h[illegible] alive on Jan 16 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia neonatorum.
Subdural Haemorrhage.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) F. L. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Jan. 16. 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 17 1907 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

29

Ward 4 — Registered No. B 97318

CERTIFICATE OF DEATH.

(Place of Death.) No. Lying-in Hospital - Univ. of Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Prussie Bowser

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Jan 14 - 1907

AGE ..... years, ... months, 1 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Charles Bowser

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Prussie Barney

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/18 1907 — HARRY O'T ANDREWS: PUBLIC CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14 1907

I HEREBY CERTIFY, That I attended deceased from Jan 14 1907 to Jan 14 1907 that I last saw h.e alive on Jan 14 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inability

(DURATION) ..... DAYS

Contributory (Primary.) Premature delivery

(DURATION) 1 hour

(Signed) R. O. Deeg M.D.

Address 622 W. Lombard St.

Date Jan 15 1907

Place of Burial UNIVERSITY OF MARYLAND,

Date JAN 16 1907 1907

Commissioner Health.

Undertaker .....

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

61

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 97319 Registered No. B 97319 64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 515 W Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cornelius V Noonan

{Residence, if in Baltimore, Give Street and Number.} 515 W Lafayette Ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Unknown 1

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John H Noonan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Connolly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Noonan

(Address) 516 W Lafayette Av

Filed 1/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 17 1907

I HEREBY CERTIFY, That I attended deceased from June 11 1907 to Jan 16 1907 that I last saw h— alive on Jan 16 1907 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

6 (DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) B B Browne M.D.

Address 570 Park Ave

Date January 18 1907

Place of Burial Green Mount Cathedral

Date January 19th 1907

Undertaker M. Fahey & Sons

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 V

97320 Registered No. B 97320

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John Brady.

{Residence, if in Baltimore, Give Street and Number.} 226 Warren ave,

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ~~Jan 16~~ 1

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Bernard Brady.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Burns

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Lamplighter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah A Brady

(Address) 226 Warren Ave.

Filed 1/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 190

I HEREBY CERTIFY, That I attended deceased from Jan 5 1907 to Jan 16 1907 that I last saw h[illegible] alive on Jan 17 190[illegible] and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Oedema

..... (DURATION) .....

Contributory (Primary.) Intestinal Obstruction

..... (DURATION) .....

(Signed) H. W. Hershner M.D.

Address St. Joseph's Hospital

Date Jan 16 1907

Place of Burial Cathedral Cem.

Date Jan 19 1907

Undertaker F. A. Kranz & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

137 V

CERTIFICATE OF DEATH.

Registered No. B 97321

City of Baltimore, (No. 507 S Sharp St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jennie C Brewer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 22 1877 (Month) (Day) (Year)

AGE: ~~39~~ 29 years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Roland Russell

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie Pogues

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E Brewer Husband

(Address) 507 S Sharp St

Filed Jan 19th 1907

HARRY T. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 16 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Jan 16 1907

that I last saw h[illegible] alive on Jan 16 1907,

and that death occurred, on the date stated above, at 5-30 P. M. The CAUSE OF DEATH was as follows:

Septicemia and General Arthritis.

(DURATION) 8 DAYS

Contributory Abortion

12 days previous to death (DURATION) DAYS

(Signed) Frances A. Carpenter M. D.

Jan 17 1907 (Address) 921 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: College Wy St Marys Co Md

DATE OF BURIAL: Jan 19 1907

UNDERTAKER: F. A. Krause & Bro

ADDRESS: 703 Hanover

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7th

B 97322

CERTIFICATE OF DEATH.

166 V

(Place of Death.) No. Franklin Square Hospital

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virlie Blanche Whittaker

{ Residence, if in Baltimore, Give Street and Number. } 6 Brunswick St

Duration of Residence in Baltimore. 4 Yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 19 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Hagerstown

FULL NAME OF FATHER John D. Courtney

BIRTHPLACE OF FATHER (State or country) Hagerstown

MAIDEN NAME OF MOTHER Mary Jordan

BIRTHPLACE OF MOTHER (State or country) Hagerstown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Ellsworth Whittaker

(Address) 6 Brunswick St

Filed 1/19 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1907

I HEREBY CERTIFY, That I attended deceased from Jan 6 1907 to Jan 17 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7 P M. CAUSE OF DEATH (Secondary or Immediate

accidentally Shot herself with a pistol in the Stomach while playing with pistol

(DURATION) DAY

Contributory (Primary.) Shock Hemorrhage

(DURATION) 3 Hours DAY

(Signed) C. Ernest Jones M.D

Address Cor Eutaw & Lexington

Date Jan. 17th 1907

Place of Burial Western Cem

Date Jan 20 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 97323 — Registered No. D 97223 — 61 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2027 Eutaw Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Warren W Lancaster

{Residence, if in Baltimore, Give Street and Number.} 2027 Eutaw Place

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Dec 18 1895

AGE: 11 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Warren W Lancaster

BIRTHPLACE OF FATHER (State or country): Boston Mass

MAIDEN NAME OF MOTHER: Rosa E Roder

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian E Roder

(Address) 2013 Eaton Ave

Filed 1/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Jan 17 1907 that I last saw h[illegible] alive on Jan 17 1907, and that death occurred, on the date stated above, at 7 P M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary) Acute Spinal Meningitis (DURATION) 2 DAYS

(Signed) Esther Hagerstown M.D.

Address 2031 Eutaw Place

Date Jan 18 1907

Place of Burial Lorraine Cem

Date Jan 20th 1907

Undertaker H Nicolaus & Son

Address 1820 Eaton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 345-1

CERTIFICATE OF DEATH.

45V

(Place of Death.) No. 911 W. Fayette St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Clement Kuhl

{ Residence, if in Baltimore, Give Street and Number. } 911 W Fayette St

Duration of Residence in Baltimore Life

D. 97324

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 26 1886

AGE 20 years, 4 months, 23 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George E. Kuhl

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Della K. Fountain

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George E Kuhl

(Address) 911 W Fayette St

Filed 1/19 1907

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1906 to Jan 17th 1907 that I last saw h[illegible] alive on Jan 17th 1907, and that death occurred, on the date stated above, at 2.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(Carcinoma of Leg) (DURATION) 4 DAYS

Contributory (Primary.) Cancer (DURATION) 138 DAYS

(Signed) H G Jones M.D.

Address 1235 W Lafayette Ave

Date Jan 18th 1907

Place of Burial Loudon Park Cem

Date January 20 1907

Undertaker Jos B Cook

Address 1003 W. Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 97325 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 2019 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jaimie V. E Starkey

{Residence, if in Baltimore, Give Street and Number.} 2019 Jefferson St

Duration of Residence in Baltimore. Life

0.97325

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: Feby 1 1905

AGE: 1 years, 11 months, 18 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William E. Starkey

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emma E. Smart

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William E. Starkey

(Address) 2019 Jefferson St

Filed 1/19 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan 14 1907 to Jan 18 1907 that I last saw her alive on Jan 18 1907. and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Convulsions and Exhaustion (DURATION) 1 DAYS

(Signed) Adolph E Eisenberg M.D.

Address 2213 Orleans St

Date Jan 18 1907

Place of Burial Mt. Carmel Cem.

Date JAN 21 1907 190

Undertaker [illegible]

Address [illegible] BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 97325 — Registered No. B 166 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Henry Haag

{ Residence, if in Baltimore, Give Street and Number. } 2344 Stockton st

Duration of Residence in Baltimore. 20 — D. 9/226

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: — — 1

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: — — —

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Haag (wife)

(Address) 2344 Stockton st.

Filed 1/19 1907 HARRY O. LITTERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18 190 7

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 — to — 190 —

that I last saw h — alive on — 190 —

and that death occurred, on the date stated above, at 6-4

M. CAUSE OF DEATH (Secondary or Immediate

Hypostatic congestion of lungs from having ankle & ribs broken - also contusion of head

(DURATION) 5 — DAYS

Contributory (Primary.) accidentally struck by electric car (DURATION) — DAYS

(Signed) Benj. S. Hayden M.D. Coroner

Address 1216 N. Caroline st.

Date Jan 19, 190 7

Place of Burial Baltimore Cemetery

Date Jan 20 190 7

Undertaker Mrs Andrew Rohde Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Regis

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannah M McCreary

{ Residence, if in Baltimore, Give Street and Number. } 1826 E Lafayette av.

Duration of Residence in Baltimore. 42 yrs.

D 97327

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Col.

DATE OF BIRTH 1834

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Wd.

BIRTHPLACE (State or country) N.Y.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. McCreary

(Address) 1826 Lafayette ave

Filed 1/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan 6 1907 to Jan 18 1907

that I last saw her alive on Jan 18 1907 12 30 a m.

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 7 DAYS

Contributory (Primary) Nephritis

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date January 18 1907

Place of Burial Loudon Park Cem

Date Jan. 20 1907

Undertaker Chas. E. Franck

Address 746 N. Eutaw St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97328

City of Baltimore, (No. Notre Dame Asquith St.; 4 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sister Emeline, Mary Cooley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Nov 9 (Month) (Day) 1876 (Year)

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York City

FULL NAME OF FATHER: John Cooley

BIRTHPLACE OF FATHER (State or country): New York City

MAIDEN NAME OF MOTHER: Joanna Hunan

BIRTHPLACE OF MOTHER (State or country): New York City

OCCUPATION OF DECEASED: Religious

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Clarissa

(Address) Notre Dame Asquith St

Filed 1/19 1907

HARRY C. ANDRES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 18 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 18 1907 to ... 190...

that I last saw her alive on January 18 1907,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 6 mos DAYS

Contributory Acute Pneumonia

Phthisis (DURATION) 2 DAYS

(Signed) Francis Finlay M. D.

January 19 1907 (Address) 110 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Greenmount (Private) | DATE OF BURIAL: Jan 21 1907

UNDERTAKER: A. Fink & Son | ADDRESS: 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. 97329

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. #1411 E. Biddle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert A. Allard

{Residence, if in Baltimore, Give Street and Number.} #1411 E. Biddle St.

Duration of Residence in Baltimore. About 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 1830 1
AGE	76 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Mass.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Collins

(Address) 1411 E. Biddle St.

Filed 1/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 16th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to Jan 16 1907

that I last saw h alive on Jan 16th 1907.

and that death occurred, on the date stated above, at 11.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Dr Jeffers Brooks D

Address 2844 St Paul St

Date Jan. 18th 1907

Place of Burial U.S. National Cem.

Date 1/19/07 190

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151 V

CERTIFICATE OF DEATH. 97330

Registered No. B

City of Baltimore, (No. 17, N. Milton Ave St., 6 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Merriken Cook

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Jan (Month) 16th (Day) / 1907 (Year)

AGE: ..... years, ... months, 36 hrs Days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimd

FULL NAME OF FATHER: Geo. Cook Jr

BIRTHPLACE OF FATHER (State or country): Baltimd

MAIDEN NAME OF MOTHER: Edith Merriken

BIRTHPLACE OF MOTHER (State or country): Baltimd

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H.E. Hughes

(Address) 17 S. Broadway

Filed 1/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 17 (Day) / 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 16 / 1907 to Jan 17 1907

that I last saw him alive on Jan 17 / 1907.

and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Congenital Debility

(DURATION) ..... DAYS

Contributory C 36 hrs

(DURATION) ..... DAYS

(Signed) H.E. Hughes M. D.

Jan 18 / 1907 (Address) 1904 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Baltimore. CEMETERY.

DATE OF BURIAL: Jan 19th 1907

UNDERTAKER: H. E. HUGHES.

ADDRESS: 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Darley Park Goetz St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Goetz

{ Residence, if in Baltimore, Give Street and Number. } 220 E Pratt St

Duration of Residence in Baltimore. 56 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 76 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Retired Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H E Hughes

(Address) 17 S Broadway

Filed 1/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Fredk. Carullo M.D.

Address Coroner

Date Jan 18 1907

Place of Burial Baltimore CEMETERY,

Date Jan 20th 1907

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 9

CERTIFICATE OF DEATH.

20826 6K

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph R. Stinson

{ Residence, if in Baltimore, Give Street and Number. } 224 East St D 97338

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR Col.

DATE OF BIRTH —— 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Horace Robinson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Julia Camphor

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Catherine Robinson

(Address) 521 Rogers Ave

Filed 1/19 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 17 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 9 1907 to Jan 17 1907

that I last saw h[illegible] alive on Jan 17 1907

and that death occurred, on the date stated above, at 12 noon

CAUSE OF DEATH (Secondary or Immediate) Pulmonary Edema 4 days.

Apoplexy — 2 wks (DURATION)

Contributory (Primary.) Burned by 2 wks. (DURATION)

(Signed) W.A. Storey M.D.

Address City Hospital

Date January 17 1907

Place of Burial Mt. Auburn

Date January 20 1907

Undertaker Robert N. Elliott

Address 576 Robert N. Elliott

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 97333

CERTIFICATE OF DEATH. 97333 IV

(Place of Death.) No. 722 N Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lula Hardy

{Residence, if in Baltimore, Give Street and Number.} 722 N Bruce St

Duration of Residence in Baltimore. Life D 97233

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	B
DATE OF BIRTH	March 22nd, 1902
AGE	4 years, 9 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Thos Hardy
BIRTHPLACE OF FATHER (State or country)	N.C.
MAIDEN NAME OF MOTHER	Sarah Thomas
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Brown (mark) X

(Address) 722 N Bruce St

Filed 1/19 1907 HARRY C. ANDREWS PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17th 9.30 AM 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1907 to Jan 17th 1907

that I last saw her alive on Jan 16th 1907 9 AM

and that death occurred, on the date stated above, at 9 AM. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 2 DAYS

Contributory (Primary.) Dysentery Fever

(DURATION) 20 DAYS

(Signed) Edward L. Mortimer M.D.

Address 125 N Fulton Ave

Date Jan 18th 1907

Place of Burial Mt Auburn Cemetery

Date Jan 20 1907

Undertaker P. H. St. Clair & Co.

Address 506 Royden Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 2038 E Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Galloway

{ Residence, if in Baltimore, Give Street and Number. } 2038 E. Preston St

Duration of Residence in Baltimore. 15 years D. 9/1334

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH Dec 10 1852

AGE 54 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Galloway

BIRTHPLACE OF FATHER (State or country) Harford Co Md

MAIDEN NAME OF MOTHER Mary Sunderland

BIRTHPLACE OF MOTHER (State or country) Harford Co Md

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Galloway

(Address) 2038 E. Preston

Filed 1/19 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 17 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease (Sudden)

..... (DURATION) .....

Contributory (Primary.) .....

..... (DURATION) .....

(Signed) Gregg Cornell M.D.

Address Coroner

Date Jan 18 1907

Place of Burial Balto

Date January 20 1907

Undertaker Robt J Stanton

Address 1217 May. Taleon

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

KODAK SAFETY FILM

Ward 10 97335. Registered No. B 97335

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1123 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah McAllister

{Residence, if in Baltimore, Give Street and Number.} 1123 Ensor

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white.

DATE OF BIRTH May 20 1834

AGE 72 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James McAllista

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Wade.

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos O3 McAllister

(Address) 1123 Ensor.

Filed 1/19 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 18, 1907

I HEREBY CERTIFY, That I attended deceased from Jany 10, 1907 to Jany 18 1907 that I last saw h[er] alive on " 17 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy (DURATION) 8 DAYS

Con'tributory (Primary.) Paralysis (DURATION) DAYS

(Signed) Geo A. Hartman M.D.

Address 1121 N Caroline St

Date Balto, Jany 18, 1907

Place of Burial St. Peters

Date Jany 21 1907

Undertaker Robt J Timms

Address Biray. Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

Registered No. B 97336

CERTIFICATE OF DEATH.

(Place of Death.) No. 1119 N. Collington ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Middendorf

{Residence, if in Baltimore, Give Street and Number.} 1119 N. Collington ave

Duration of Residence in Baltimore. 30 Years

B 97336

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar 28 1

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Kentucky

FULL NAME OF FATHER: Arthur Reese

BIRTHPLACE OF FATHER (State or country): Kentucky

MAIDEN NAME OF MOTHER: Lavinia Gibbons

BIRTHPLACE OF MOTHER (State or country): Kentucky

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia V E Gibbons

(Address) 1119 N. Collington Ave

Filed

Jany 19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 18th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Jan 18 1907

that I last saw h[er] alive on Jan 17 1907

and that death occurred, on the date stated above, at 2.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion, dependent upon Some ~~Chronic~~ nervous affection ~~Natural Causes~~

~~Probably hastened by the hospital~~ ~~ward in which she was sent from Hopkins Hospital~~ (DURATION) 6 mo. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 5 W Preston St

Date Jan. 18th 1907

Place of Burial Baltimore Cem.

Date JAN 21 1907 190

Undertaker Allen & Son

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 | 9737 | Registered No. B 9737

CERTIFICATE OF DEATH.

118

(Place of Death.) No. 737 St Peter St. (If Dec'd occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Agnes Black Black

{ Residence, if in Baltimore, Give Street and Number. } 737 St Peters

Duration of Residence in Baltimore. 40 yr

D.97337

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH .....

AGE 51 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jeremiah Pittinger

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Welty

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Blanche Smith

(Address) 737 St Peters

Filed Jany 9 1907

Rec'd

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan 13 1907 to Jan 18 1907

that I last saw her alive on Jan 17 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate

Acute Nephritis

(DURATION) 5 DAYS

Contributory (Primary) Uremia

Convulsions (DURATION) 1 DAYS

(Signed) J. E. Muse M.D.

Address 855 Columbia Ave

Date Jan 18 1907

Place of Burial New Cathedral

Date Jan 21 1907

Undertaker John Bowman

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 1 — Registered No. B 97338

641

CERTIFICATE OF DEATH.

(Place of Death.) No. 817 S. Paca St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Justis Schmidt

{Residence, if in Baltimore, Give Street and Number.} 817 S. Paca St.

Duration of Residence in Baltimore. 60 Years

D. 97338

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 20 1819

AGE: 87 years, 2 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tobacconist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mr. Henry Kaufman

(Address) 817 S. Paca

Filed Jan 19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18th 1907

I HEREBY CERTIFY, That I attended deceased from May 24th 1905 to Jan 18th 1907

that I last saw him alive on Jan 18th 1907

and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate

Paralysis of Brain & Old Age

17 Months (DURATION) DAYS

Contributory (Primary) Prostration

5 Months (DURATION) DAYS

(Signed) Chas L. Puddenbaugh M.D.

Address 418 S. Paca St.

Date Jan 19th 1907

Place of Burial Western Cem

Date Mon. Jan 21 1907

Undertaker Wm. J. Dukmen & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — Registered No. B 97339

CERTIFICATE OF DEATH 97339 4 27

(Place of Death.) No. 30 E. Fort ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Ellen Grenell

{Residence, if in Baltimore, Give Street and Number.} 30 E Fort ave

B 97339

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 1846

AGE 60 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Waddy

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mahorney

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nolan

(Address) 30 E. Fort ave

Filed Jany 19 1907

Registrar G B W.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 16th 1907

I HEREBY CERTIFY, That I attended deceased from June 18th 1906 to Jan 16th 1907

that I last saw he alive on Jan 16th 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of uterus

with

Recurrence

9 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Gross M.D.

Address 134 S Charles

Date Jan 19th 1907

Place of Burial Woodbine Cemetery

Date Jany 20 1907

Undertaker W. J. Packner & Son

Address Camden Paca sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 V 97340 Registered No. B 97340 97 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 501 Burgundy Inglebr St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ingleby Matthews

{ Residence, if in Baltimore, Give Street and Number. } abovn

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1862

AGE 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo Roberts

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Frail Arnold

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Coll

(Address) Bradley & Boston Sts

Filed Jan 19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) ..... DAYS

Contributory (Primary.) Cancer of Side

Seven Years (DURATION) ..... DAYS

(Signed) J. D. Feldstat M.D.

Address 211 W. Lanvale Coroner

Date 1. 17. 07 1907

Place of Burial Loudon Park

Date 190

Undertaker Wm. J. Dulany

Address .....

WM. J. C. DULANY CO., Baltimore.

2

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97341

Ward ..... Registered No. B 97341

CERTIFICATE OF DEATH.

(Place of Death.) No. 1518 Ashland Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Thresa Plankholt

{ Residence, if in Baltimore, Give Street and Number. } 1518 Ashland Ave.

Duration of Residence in Baltimore. 52 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Adelbert Albert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophia Haase

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Plankholt

(Address) 1518 Ashland Ave

Filed Jan 19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1907

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to Jan 19 1907

that I last saw her alive on Jan 16 1907

and that death occurred, on the date stated above, at 4 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) W. Kelley M.D.

Address 1634 Eutaw Pl

Date 190

Place of Burial Holy Redeemer Cemetery

Date Jan. 21 1907

Undertaker Henry Hoeck Sons

Address 1301 E Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 97342 — Registered No. B 97342 / 54

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 Madison St. (Homestead) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Brandt

{Residence, if in Baltimore, Give Street and Number.} 6 Madison St. Homestead

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: George Lang.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Apolonia Fahlender

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gilbrain Brandt.

(Address) 6 Madison St. Homestead

Filed Jan 19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 17th 1907 to Jan 17 1907

that I last saw h[er] alive on Jan 17th 1907

and that death occurred, on the date stated above, at 3:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 5hs DATE

Contributory (Primary.) Eclampsia

(DURATION) 5hs DAYS

(Signed) H. N. Brown M.D.

Address 603 Forward Ave

Date Jan 18th 1907

Place of Burial Holy Redeemer (Cemetery)

Date Jan. 20 1907

Undertaker Henry Hoeck & Son

Address 1201 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — Registered No. B 97343

CERTIFICATE OF DEATH.

(Place of Death.) No. 413 E. Lanvale St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Staley Webster

{Residence, if in Baltimore, Give Street and Number.} 413 E. Lanvale

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Nov. 30th 1901

AGE: 5 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Irving L. Webster

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie Raver

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Webster

(Address) 413 E Lanvale St.

Filed Jan 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 19th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1907 to Jan 19th 1907

that I last saw h[er] alive on Jan 18th 1907

and that death occurred, on the date stated above, at 8 42 AM. CAUSE OF DEATH (Secondary or Immediate.)

Capillary Bronchitis

Influenza

(DURATION) 4 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferson Buck M.D.

Address 2844 St Paul St

Date Jan. 19th 1907

Place of Burial Baltimore Cemetery

Date Jan. 21st 1907

Undertaker Germanus Trance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 97344 Registered No. B 97344

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 114 Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lai Si Mow

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Chinese

DATE OF BIRTH: July 18. 1850

AGE: 56 years, 6 months, ——— days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): China

FULL NAME OF FATHER: Lai Geit

BIRTHPLACE OF FATHER (State or country): China

MAIDEN NAME OF MOTHER: Dong See

BIRTHPLACE OF MOTHER (State or country): China

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lai C. Gay.

(Address) 114 N. Liberty St.

Filed Jan 19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 18th 1907

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease, following an attack of acute indigestion

(DURATION) ——— DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Elkhart Coroner M.D.

Address 211 N. Lanvale

Date 1.18.07 190

Place of Burial Baltimore Cemetery

Date Jany. 21 — 1907

Undertaker E. M. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. 97345

Ward ..... 97345 Registered No. B ..... 175 V

CERTIFICATE OF DEATH. 97345

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thadeus M. Barrington

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Philadelphia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday Supt.

(Address)

Filed 1/19/1907 HARRY S. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 19 1907 to Jan 19 1907 that I last saw h alive on Jan 19 1907, and that death occurred, on the date stated above, at 5:35 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Carbolic acid Poisoning. (accidental)

(DURATION) 1 hour. DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) David A. Simpson M.D. Coroner

Address 1500 Highland Ave.

Date January 19th 1907

Place of Burial Green Mount

Date Jan 20th 1907

Undertaker E.M. Mitchell

Address 1201 W Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT — City of Baltimore. 97346

Ward 17 — 97346 — Registered No. B 1207

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Brown.

{Residence, if in Baltimore, Give Street and Number.} 534 W Lemmit Alley.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt.

(Address)

Filed ..... 190.....

MARY C. ROGERS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 18 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1906 to Jan 18 1907

that I last saw h.er alive on Jan 18 1907

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffuse Nephritis, Cystitis

Asthenia, Bronchitis

Pneumonia (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) R R Tomlin M.D.

Address Bay View Hospital

Date Jan. 19 1907

Place of Burial Laurel Cemetery

Date January 21, 1907

Undertaker Felix B. Pyes

Address 112 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

10 90V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

97347

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 839 Vine St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Viola V. Wilson

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	..... years, 9 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Baltimore, Md.
FULL NAME OF FATHER	John H. Wilson
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Martha Taylor
BIRTHPLACE OF MOTHER (State or country)	Lancaster Co. Va.
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Wilson

(Address) 839 Vine St.

Filed ..... 190 .....

HARRY C. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH (Month) (Day) (Year)	Jany 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 190 ..... that I last saw h ..... alive on ..... 190 ....., and that death occurred, on the date stated above, at 11.55 P. M. The CAUSE OF DEATH was as follows:

Bronchorhea —

(DURATION) ..... DAYS

Contributory Autotoxin birth

(DURATION) ..... DAYS

(Signed) J. D. Gilchrist M. D.

1.19 190 7 (Address) 211 N. Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Jan. 21 190 7
UNDERTAKER	ADDRESS
Felix B. Pye	102 E. Mulberry St.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 Registered No. B 97348

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Silver.

{ Residence, if in Baltimore, Give Street and Number. } 302 N. Exeter

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 1

AGE: 13 years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Aryman Silver

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Pearl —

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) of Hospital

(Address)

Filed Jan 21st 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 5 1907 to Jan 19 1907 that I last saw him alive on Jan 19 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Embolism

(DURATION) 14 DAYS

Contributory (Primary.) Chronic Endo Carditis (DURATION) 2 yrs.

(Signed) Edw Bayley M.D. M.D.

Address Hebrew Hosp.

Date Jan 19th 1907

Place of Burial Baltimore Cem

Date Jan 20th 1907

Undertaker Wendt & Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 97349

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Gale

{Residence, if in Baltimore, Give Street and Number.} 10 E. Hamilton St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR Col.

DATE OF BIRTH January 18 1907

AGE 6 hrs
.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Nora Gale

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Gale

(Address) 10 E Hamilton St.

Filed Jan 21 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

C.S.C.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 18 1907 to Jan. 18 1907 that I last saw h[illegible] alive on Jan 18 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hamilton

(DURATION) DAYS

Contributory (Primary) Prematurity. (6 hrs)

(DURATION) DAYS

(Signed) Wm. A. Storey M.D.

Address City Hospital

Date January 19 1907

Place of Burial Mt Auburn Cemetery

Date January 20th 1907

Undertaker Felix B Pye

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 97350 — Registered No. B 904

CERTIFICATE OF DEATH.

(Place of Death.) No. 1042 N Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant child of James H. Hinder and Lydia Hinder

{Residence, if in Baltimore, Give Street and Number.} 1042 Stockton st

Duration of Residence in Baltimore. Life

0 97350

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Col
DATE OF BIRTH: Dec 22 1906	
AGE: ..... years, ... months, 27 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	James H. Hinder
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Lydia Hilleary
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Hinder

(Address) 1042 N. Stockton

Filed 1/20/1907 HARRY M. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 18th 1907

I HEREBY CERTIFY, That I attended deceased from January 12 1907 to January 18 1907

that I last saw h[illegible] alive on January 14 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 8 DAYS

Contributory (Primary.) Ephemalum

(DURATION) 1 DAY

(Signed) C. H. Davis M.D.

Address 1232 N. Eutaw Place

Date January 19th 1907

Place of Burial W. Lawn Cem

Date Jan 20th 1907

Undertaker Sam'l H. Grace

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 97351 — Registered No. B 97351

CERTIFICATE OF DEATH.

(Place of Death.) No. 330 S. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Doney

{Residence, if in Baltimore, Give Street and Number.} # 330 S. Caroline St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 39 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joshek Beranhard

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Doney

(Address) 330 S Caroline St

Filed 1/20/ 1907 HARRY [illegible] CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 19th, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 26th 1906 to Jan 19 1907 that I last saw her alive on Jan 16 1907, and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 54 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Aliceanna St

Date Jan. 19th, 1907.

Place of Burial Holy Redeemer

Date Jan 21 1907

Undertaker Wendell Dipkel & Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 7 Registered No. B 97353

CERTIFICATE OF DEATH.

27 v

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul Schuckert

{Residence, if in Baltimore, Give Street and Number.} 529 N. Wolfe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Feb 22nd 1871

AGE: 34 years, 10 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimor

FULL NAME OF FATHER: Sebastian Schuckert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kunigunda Heibschman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed Jan 20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

7x1

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 19 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 9 1907 to Jan. 19 1907

that I last saw h... alive on Jan 19 1907,

and that death occurred, on the date stated above, at 3.10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) 6 DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital.

Date Jan. 19 1907

Place of Burial Holy Redeemer Cemetery

Date Jan. 22nd 1907

Undertaker Germania Branch

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 97352 Registered No. B 931

CERTIFICATE OF DEATH.

(Place of Death.) No. 18. S. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William M. Upperman

{Residence, if in Baltimore, Give Street and Number.} 18 S. Carey St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 1860

AGE 48 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John C Upperman

BIRTHPLACE OF FATHER (State or country) Baltio

MAIDEN NAME OF MOTHER Lydia a Tracy

BIRTHPLACE OF MOTHER (State or country) Baltio

OCCUPATION OF DECEASED Carrier of Bwon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Brooks

(Address) 1204 W. Baltis et

Filed 1/20/1907 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 17 1907 to Jan 18 1907 that I last saw h~~im~~ alive on Jan 18 1907 and that death occurred, on the date stated above, at 6 ~~4~~ M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar pneumonia

One day (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) John L Lamond M.D.

Address 1302 W Lanvale

Date Jan 19 1907

Place of Burial London Park cem

Date Jan 20th 1907

Undertaker Robt. Brooks & Son

Address 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 97354

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. 422 N. Duncan Al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anthon Jendrick

{Residence, if in Baltimore, Give Street and Number.} 422 N. Duncan al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 10 1893

AGE 13 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Jendrick

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Barbara - -

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Nortan

(Address) 422 N. Duncan

Filed 1/20 190

HARRY C. ANDREWS, PERMIT CLERK, Registrar

3 x 9

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 19 Dec 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 19 1907 that I last saw him alive on Jan 12 1907 and that death occurred, on the date stated above, at 7 30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Tuberculosis

(DURATION) 19 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. G. Rinehart M.D.

Address Two E. Baltimore

Date Jan 22 1907

Place of Burial St. Alphonsus Cem

Date 1/21/07 1907

Undertaker J. Henry & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97355 Registered No. B 97355

CERTIFICATE OF DEATH.

(Place of Death.) No. 1358 Cleveland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James E Tankard

{Residence, if in Baltimore, Give Street and Number.} 1358 Cleveland St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH June 1 1905

AGE 1 year 7 months 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Charles Tankard

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Henrietta Peterson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Tankard

(Address) 1358 Cleveland

Filed 1/20 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Jan 18 1907 that I last saw h[illegible] alive on Jan 18 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or immediate.)

Capillary Bronchitis

(DURATION) 5 DAYS

Contributory (Primary.) Spasms

(DURATION) DAYS

(Signed) J E Jones M.D.

Address 855 Columbia Ave

Date Jan 18 1907

Place of Burial Mt Zion Cemetery

Date Jan 19 1907

Undertaker Geo H Hooper

Address 109 Little Pacast

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 97356 Registered No. B 97356 9 or

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John D. Lippman

{ Residence, if in Baltimore, Give Street and Number. } 915 E. Biddle St

Duration of Residence in Baltimore. All

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan 14th 1907
AGE	— years, — months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Lillie V. Lippman
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaretta Lippman

(Address) 915 E. Biddle St

Filed 1/20 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 14th 1907 to Jan 19th 1907 that I last saw h[illegible] alive on Jan 18th 1907, and that death occurred, on the date stated above, at 1.0 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

Convulsions 4t 43 Hours

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T McCully M.D.

Address 6516 Frankford Ave

Date Jan 19th 1907

Place of Burial Most Holy Redeemer

Date Jan 21 1907

Undertaker Mrs Andrew Rohde & Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9735? Registered No. B 9735?

1044

CERTIFICATE OF DEATH.

(Place of Death.) No. 1510 Riggs ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Breitenbach

{Residence, if in Baltimore, Give Street and Number.} 1510 Riggs ave

Duration of Residence in Baltimore. 12 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 10th 1831

AGE: 75 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Hanover Germany

FULL NAME OF FATHER: Gotlieb Breitenbach

BIRTHPLACE OF FATHER (State or country): Europe.

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Europe

OCCUPATION OF DECEASED: Store keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Breitenbach

(Address) 1510 Riggs ave

Filed 1/20 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 24th 1906 to Jan 18th 1907

that I last saw him alive on Jan 17th 1907,

and that death occurred, on the date stated above, at 6.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis (DURATION) 25 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Link M.D.

Address 1313 N. Paca

Date Jan 18 1907

Place of Burial Loudon Park

Date Jan 20 1907

Undertaker Wm Purkert & Son

Address Camden & Paca sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 97358 Registered No. B 97358

CERTIFICATE OF DEATH.

270

(Place of Death.) No. 326 S. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Reilly

{Residence, if in Baltimore, Give Street and Number.} 326 S. Caroline St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1885

AGE 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto, Md

FULL NAME OF FATHER James Reilly

BIRTHPLACE OF FATHER (State or country) Balto, Md.

MAIDEN NAME OF MOTHER Mary Hayden

BIRTHPLACE OF MOTHER (State or country) Balto, Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hayden

(Address) 326 S. Caroline St.

Filed 1/20 190 7 Registrar

7 x 9

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. - 19 - 1907

I HEREBY CERTIFY, That I attended deceased from October 26 1906 to November 2 1906 that I last saw her alive on November 2 1906, and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Extreme emaciation

(DURATION) 30 DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 54 DAYS

(Signed) Pierce G. Dausch M.D.

Address 121 Jackson Square

Date Jan. 20 1907

Place of Burial St. Vincent's Cemetery

Date January 21st. 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 97359 Registered No. B

CERTIFICATE OF DEATH. 97359

(Place of Death.) No. Yale Ave Irvington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lilian A. Hall

{Residence, if in Baltimore, Give Street and Number.} Yale Ave Irvington

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1884

AGE: 23 years, ~ months, ~ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Charles Insley

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Caroline Wysham

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) Mrs Insley

(Address) Yale Ave Irvington

Filed 1/20 1907

HARRY C. SHUMAN, PERMIT CLERK, Registrar

3 x 5

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Friday January 18th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 12th 1907 to Jany 18th 1907 that I last saw h[er] alive on Jany 18th 1907, and that death occurred, on the date stated above, at 5.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Puerperal (DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis

about 1 year (DURATION) DAYS

(Signed) [illegible] M.D.

Address 607 N. Charles St

Date Jany 20th 1907

Place of Burial Loudon Park Cemetery

Date Jan 21 1907

Undertaker Charles H. Priester

Address Catonsville Md

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 Registered No. B 9786(0)

CERTIFICATE OF DEATH.

(Place of Death.) No. 516 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michal Hepner

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: August 19 1906

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Hepner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Mazkowiak

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Hepner

(Address) 516 S. Bond st

Filed 1/20 1907 BARRY C. [illegible] PERMIT CLK. Registrar

2 x 1

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 20 1907

I HEREBY CERTIFY, That I attended deceased from January 19 1907 to January 19 1907 that I last saw h[illegible] alive on January 19 1907, and that death occurred, on the date stated above, at 12.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 1 DAYS

Contributory (Primary.)

Convulsions (DURATION) 1 DAYS

(Signed) J. J. Neumarkle M.D.

Address 722 S. Ann st

Date January 20 1907

Place of Burial Holy Rosary

Date January 21 1907

Undertaker Jacob Zialkowski

Address 428 S. Bond st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 97361

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 305 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Lawlor

{ Residence, if in Baltimore, Give Street and Number. } 209 McMechen St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1832

AGE: about 75 yrs. ____ years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. J. Carter

(Address) 209 Mc. Mechen St.

Filed 1/20 1907 MARY O. [illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18th 1907

I HEREBY CERTIFY, That I attended deceased from ____ 190 ____ to ____ 190 ____

that I last saw h____ alive on ____ 190 ____

and that death occurred, on the date stated above, at ____

____ M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

____

____

died suddenly (DURATION) ____ DAYS

Contributory (Primary.) ____

(DURATION) ____ DAYS

(Signed) Silas Bachman M.D.

Address 700 Lafayette Ave. (Corner)

Date Jan. 18th 1907

Place of Burial London Park

Date Jan. 20th to — 1907

Undertaker Wm. M. Gawthrop

Address 901 W. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 97362 — Registered No. B 97362

CERTIFICATE OF DEATH.

(Place of Death.) No. 77 W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Krogman

{Residence, if in Baltimore, Give Street and Number.} 77 W. West St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 11 1864

AGE: 42 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Louis Krogman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johannah Coblentz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Krogman (Brother)

(Address) 77 W. West St

Filed Jan 19 1907 HARRY O. [illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 17 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 7.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

Dropsy

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address Coroner

Date January 17 1907

Place of Burial Mount Carmel Cemetery

Date Jan 20 1907

Undertaker Davies and Margaret Flynn

Address 42 East West St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 15 97363 Registered No. B 914

CERTIFICATE OF DEATH.

(Place of Death.) No. 1707 Presstman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice P Dover

{Residence, if in Baltimore, Give Street and Number.} 1707 Presstman St.

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1876

AGE: 30 years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Charles Dover

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Coats

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Cooky.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Dover

(Address) 1707 Presstman St

Filed 1/20 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 20 1907

that I last saw h[illegible] alive on Jan 19 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis.

(DURATION) 30 DAYS

Con'tributory (Primary.) Cardiac Exhaustion (DURATION) 1 DAYS

(Signed) J. E. Daugherty M.D.

Address 2506 Pennsylvania Ave

Date Buried Jan 22 1907

Place of Burial Howard Co Md.

Date Jan 21 1907

Undertaker Wm J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 97364 Registered No. B 120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H. Conkling

{ Residence, if in Baltimore, Give Street and Number. } 2823 Pennsylvania Ave.

Duration of Residence in Baltimore, Carried year.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	5 — 8 — 1836
AGE	71 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	W.
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	"
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Interpreter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Conkling

(Address) 2823 Penna. Ave.

Filed 1/20 1907 H. R. [illegible] Registrar

HARRY D. ANDREWS REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 15 1907 to Jan. 18 1907 that I last saw him alive on Jan. 18 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary ~~or Immediate~~)

Chronic Nephritis

Hypostatic Pneumonia

(DURATION) — DAYS

~~Contributory~~ (Primary.) Pulmonary Oedema

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date January 19 1907

Place of Burial Bonnie Brae

Date Jan 20 1907

Undertaker J. J. Fahey

Address 132 William St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 9736

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alex. Anderson

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 10 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: White

DATE OF BIRTH: Jan 3 1875

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Alexander Anderson

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Jeanette Murdoch

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Miner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Anderson

(Address) Lanaconing Md

Filed Jan 21 1907

HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 20th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 11th 1907 to Jan 20th 1907

that I last saw h... alive on Jan 20th 1907

and that death occurred, on the date stated above, at 4.35 a.m. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

Peritonitis

Bronchio Pneumonia

(DURATION) ... DAYS

Contributory (Primary) Appendicitis (DURATION) ... DAYS

(Signed) T. A. Riggs M.D.

Address 1514 Division St.

Date Jan. 20th 1907

Place of Burial Lanaconing Md

Date Jan 21 1907

Undertaker Jos B. Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

(Allegheny Co)

75

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97366

City of Baltimore, (No. 1217 Mulliken St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Coates

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Oct. (Month) 5 (Day) 1842 (Year)

AGE: 64 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto. Co. Md.

FULL NAME OF FATHER: Henry Coates

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Balto Co. Md.

OCCUPATION OF DECEASED: Hercdre

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Gussie Flanner

(Address) 1217 Mulliken St

Filed 1/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Jan 17 1907

that I last saw him alive on Jan 10, 1907,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(DURATION) One Month

Contributory Exhaustion

(DURATION) 4 DAYS

(Signed) F. E. Lilly M. D.

Jan 21 1907 (Address) 201 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: National C

DATE OF BURIAL: Jan 21st 1907

UNDERTAKER: Wm J G Jackson

ADDRESS: 1421 Mulliken Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 97367 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1708 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emeline Beadenkoff

{Residence, if in Baltimore, Give Street and Number.} 1708 E. Madison st

Duration of Residence in Baltimore. 75 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1820: Febry 19th

AGE: 86 years, 11 months, 1 days

SINGLE, ~~MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Charlestown, Maryland

FULL NAME OF FATHER: Purnell

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Graham

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos M. Beadenkoff

(Address) 2008 E. Pratt st.

Filed 1/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 20 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Jan 20 1907

that I last saw h[illegible] alive on Jan 19 1907

and that death occurred, on the date stated above, at 1:05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) DAYS

Contributory (Primary.) Coma

(DURATION) DAYS

(Signed) Alex. S. Gayl M.D.

Address 727 N Broadway

Date 190

Place of Burial Greenmount Cemetary

Date Jany 22nd 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., Baltimore.

Ward 15 97368 Registered No. B 97368

CERTIFICATE OF DEATH. 134 V

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Katie Annesley

{Residence, if in Baltimore, Give Street and Number.} 1902 N Payson

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH January 20th 1867

AGE 39 years, 11 months, 30 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George W Daniels

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Catherine Ferguson

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Annesley

(Address) 1902 N Payson st

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11th 1907 to Jan 19th 1907 that I last saw her alive on Jan 19th 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Vomiting of Pregnancy.
Cardiac Failure.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Goldsborough. M.D.

Address Johns Hopkins Hospital

Date Jan 19. 1907

Place of Burial Baltimore Cemetery

Date January 22nd 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97369 Registered No. B 97369

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Meekins

{ Residence, if in Baltimore, Give Street and Number. } 1322 Rutter St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 '07 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11, 1907 to Jan 12, 1907 that I last saw her alive on Jan 12 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sarcoma of Jaws and Glands

13yrs (DURATION)

Contributory (Primary) Asthenia

Hemorrhage (DURATION)

(Signed) E. E. Langley, M.D.

Address Md. Gen. Hosp.

Date Jan 12 1907

Place of Burial ..... UNIVERSITY OF MARYLAND JAN 19 1907

Date Death 1907

Undertaker Health Department

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

14

97370

Ward..... 97370 Registered No. B.....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Cobb.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 17 1907 to Jan. 18 1907 that I last saw h.. alive on Jan. 18 1907 and that death occurred, on the date stated above, at 11.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffused Nephritis. Chronic Pleurisy.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Pulmonary Thrombus (DURATION) ..... DAYS

(Signed) R R Venie M.D.

Address Bay View Hospital.

Date Jan. 19 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 19 1907 190

Undertaker William H. Woodys

Address 1811 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

3

Ward 6 — 97371 — Registered No. B 97371

CERTIFICATE OF DEATH.

(Place of Death.) No. No 707 E. 20th St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannah Richardson

{Residence, if in Baltimore, Give Street and Number.} 707 E. 20th St.

Duration of Residence in Baltimore. 2,

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 60 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF ~~DEATH~~ Jan 15 — 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Gregor Campbell M.D.

Address Coroners Office

Date Jan 15 — 07 190

Place of Burial UNIVERSITY OF MARYLAND

Date JAN 19 1907 190

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and date of death.***

97

Ward 4 — 97372 — Registered No. B 97372

153V

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 W Lombard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby Margaret Valiaur.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jan 6 - 1907

AGE: ..... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married -

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Charles Valiaur

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: E. Mercer

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/21 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan - 18th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 6 1907 to Jan 18 1907 that I last saw h[illegible] alive on Jan 18 1907, and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate)

Mal Nutrition

(DURATION) ..... DAYS

Contributory (Primary) Cerebral Hemorrhage (DURATION) ..... DAYS

(Signed) H. Blum M.D.

Address 622 W Lombard St

Date Jan 18 1907

Place of Burial: UNIVERSITY OF MARYLAND

Date JAN 19 1907 190

Commissioner Health.

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOS

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

39

Ward 6 — 97373 — Registered No. B 97373

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dudley Lee.

{Residence, if in Baltimore, Give Street and Number.} Hagerstown Md.

Duration of Residence in Baltimore. 1 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 29 years, ... months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Washington Co

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Ryder

(Address) Md Penitentiary

Filed 1/21 1907 — EARLE O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 190

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to Jan 13 1907

that I last saw h— alive on Jan 12 1907

and that death occurred, on the date stated above, at —— A. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

2 weeks (DURATION)

Contributory (Primary.)

(DURATION)

(Signed) J. Thurdon Ent

Address 1608 N. Charles St

Date Jan 14 190

Place of Burial UNIVERSITY OF MARYLAND

Date JAN 19 1907 190

Undertaker Commissioner Health, Health Department

Address

WM. J. C. DULANY CO., Baltimore.

Held 3 Days — FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97374 Registered No. B 97374

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Marshall

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Home work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BAY VIEW ASYLUM
Letter No. .....
Sec. .....

(Informant) .....

(Address) .....

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 21 1907 to Jan. 19 1907

that I last saw her alive on Jan. 19 1907

and that death occurred, on the date stated above, at 6 40 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

Arteriosclerosis

(DURATION) 7 DAYS

Con'ributory (Primary.) Oedema of Lungs

(DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Jan. 20 1907

Place of Burial Sacred Heart

Date Jany 21 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 97375

97375

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James McCarthy

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 41 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Stone Cutter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM Lamar Bodycot, Supt.

(Address)

Filed 1/21 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 19 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Jan. 19 1907

that I last saw h im alive on Jan. 19 1907

and that death occurred, on the date stated above, at 4 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Double Lobar Pneumonia

Chronic diffuse Nephritis

Cystitis ..... (DURATION) ..... DAYS

Con'ributory (Primary.) Respiratory failure ..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Jan. 19 1907

Place of Burial Sacred Heart.

Date Jany 21 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... Registered No. B ...

CERTIFICATE OF DEATH.

41 V

(Place of Death.) No. 1711 N Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Novella J Lingerman

{Residence, if in Baltimore, Give Street and Number.} 1711 N Mosher St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: —

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: John T. Edwards.

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Malada E Douglas

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick L Lingerman

(Address) 1711 N Mosher St.

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 20 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Jany 20 1907

that I last saw her alive on Jany 19 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

One week (DURATION)

Contributory (Primary) Cancer of the Rectum (DURATION) 18 Months

(Signed) James Bosley M.D.

Address 1701 Hollins St

Date Jany 20 1907

Place of Burial Loudon Park

Date Jan 24 1907

Undertaker Leon Cook

Address 1502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city of Baltimore it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the deceased shall have died without notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether single, married, widowed or divorced), **cause and date of death**, and the **cause and date of death**.

Ward 7 97378 Registered No. B 97378

CERTIFICATE OF DEATH.

(Place of Death.) No. 104 N. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Olivia Dorman

{Residence, if in Baltimore, Give Street and Number.} 104 N. Bethel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	1906
AGE	..... years, 2 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Jones

(Address) 506 Rogers Ave

Filed 1/21 1907

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 N Gurney St

Date ..... 190..

Place of Burial Fair View Cemetery

Date Jan 21 1907

Undertaker R. S. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 904 N. Bond St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Augusta Herkenheim

{Residence, if in Baltimore, Give Street and Number.} 904 N Bond st

Duration of Residence in Baltimore. 5 yrs. D. 97277

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Jany 1st 1849

AGE: 58 years, 0 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: not Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Herkenheim

(Address) 904 N. Bond St.

Filed 1/21 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 14th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 13 1907 to Jany 14 1907

that I last saw h[e] alive on Jany 18 1907

and that death occurred, on the date stated above, at 8.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. M. Sheppard M.D.

Address 5 N. Washington St.

Date Jany 19th 1907

Place of Burial Baltimore Cemetery

Date January 23rd 1907

Undertaker William Cook

Address 507 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 97379 Registered No. B 97379

CERTIFICATE OF DEATH.

9 3 V

(Place of Death.) No. 606 Ruskin ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Kasper Lehner

{Residence, if in Baltimore, Give Street and Number.} 606 Ruskin ave

Duration of Residence in Baltimore. 50 Years D 97379

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 12 1825

AGE: 81 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Harry Lehner

(Address) 606 Ruskin ave

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Jan 19 1907 that I last saw h me alive on Jan 18 1907 and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary) Pneumonia

(DURATION) 3 DAYS

(Signed) W J Kadlin M.D.

Address 852 W. North Ave

Date Jan 19 1907

Place of Burial Loudon Park

Date Jan 21st 1907

Undertaker Geo. Weber

Address 1535 N. Carey st

WM. J. C. DULANY CO., Baltimore.

Patient 852 West North ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, place of birth, residence, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

27 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97380

(House of Good Shepherd) Registered No. B.....

City of Baltimore, (No. Mount & Hollins St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Whitaker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1887 (Month) 1 (Day) Year)

AGE: ..... years, 20 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Allegheny County Md

FULL NAME OF FATHER: Rebecca Whittaker

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: 4 "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Sewing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sisters

(Address) Mount & Hollins Sts

Filed 1/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 20th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1906 to Jan 20th 1907

that I last saw her alive on Jan 19th 1907.

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Pulmonary Consumption

1 Years (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) E. J. Nicholson M. D.

1907 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: St Peters Cem. | DATE OF BURIAL: Jany 21 1907

UNDERTAKER: John J Fahey | ADDRESS: 1232 Wilkens Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97381

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97381

City of Baltimore, (No. 20, Eaton Ave St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susie Blunt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1874 (Year)

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Schaal

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Root

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm H Blunt

(Address) 20 Eaton Ave

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1 1906 to January 19 1907 that I last saw h er alive on January 19 1907, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

General Asthenia (DURATION) 90 DAYS

Contributory Uterine Cancer (DURATION) 1 Year

(Signed) Howard W Jones M. D.

Jan 21 1907 (Address) Towsontown

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 21 1907

UNDERTAKER: C. W. Dill

ADDRESS: 810 Fredk ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97382

City of Baltimore, (No. 514 W. Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leolis Fields

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: ..... years, 18 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Brunswick Co Va

FULL NAME OF FATHER: Benjamin Fields

BIRTHPLACE OF FATHER (State or country): Brunswick Co Va

MAIDEN NAME OF MOTHER: Cora A. Bell

BIRTHPLACE OF MOTHER (State or country): Brunswick Co Va

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora A. Fields

(Address) 514 Preston St

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Jan 20 1907 that I last saw h[illegible] alive on Jan 19 1907, and that death occurred, on the date stated above, at 2:30 P. M. The CAUSE OF DEATH was as follows:

Whooping Cough

(DURATION) 28 DAYS

Contributory Catarrhal Pneumonia (DURATION) 6 DAYS

(Signed) D. Grant Scott M. D.

Jan 21 1907 (Address) 354 W. Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Russel Cemetery — DATE OF BURIAL: Jan 21st 1907

UNDERTAKER: Wm. H. Holland — ADDRESS: 112 E. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 97

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97383

City of Baltimore, (No. Penn Hurst Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Irving E Burroughs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Apr. (Month) 30 (Day) 1905 (Year)

AGE: 1 years, 1 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: H. Dwight Burroughs

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Jennie Simpson

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Dwight Burroughs

(Address) Penn Hurst Ave

Filed 1/21 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 20th 07 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 19th 1907 to Jan 20th 1907

that I last saw her alive on Jan 20th 1907,

and that death occurred, on the date stated above, at 6.15 P. M. The CAUSE OF DEATH was as follows:

Inflammation

(DURATION) 48 hours

Contributory

(DURATION) DAYS

(Signed) [illegible] M. D.

Jan 21st 1907 (Address) 1200 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Jan 21 190 7

UNDERTAKER: Geo. A. Little | ADDRESS: 53 N. Fremont

3 P.M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97384

City of Baltimore, (No. 418 N Fremont Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Paul Henrichsen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 23rd (Month) (Day) 1858 (Year)

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Philip Henrichsen

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Pilsie

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Elizabeth Henrichsen

(Address) 418 N. Fremont Ave

Filed 1/21 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 19 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 7 1907 to Jan 19 1907 that I last saw him alive on Jan 19 1907, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Bright's Disease

about 2 mo (DURATION) DAYS

Contributory Uraemic Coma

Heart failure (DURATION) DAYS

(Signed) John F. Illenger M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem | DATE OF BURIAL: Jan 22 1907

UNDERTAKER: Geo. W. Little | ADDRESS: 531 N. Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

48 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97385

City of Baltimore, (No. 1533, Ensor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Vesta L. Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec (Month) 3 (Day) 1891 (Year)

AGE: 15 years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Co. Md

FULL NAME OF FATHER: John T. Wilson

BIRTHPLACE OF FATHER (State or country): Baltimore Co Md.

MAIDEN NAME OF MOTHER: Belle A. Martin

BIRTHPLACE OF MOTHER (State or country): Baltimore Co Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Wilson

(Address) 1533 Ensor St.

Filed 1/21 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Jany 19 1907 that I last saw h[er] alive on Jany 19 1907, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Endocarditis & Hypertrophy & Chronic Rheumatism

(DURATION) 30 DAYS

Contributory Cardiac failure

(DURATION) 2 DAYS

(Signed) J. Walter Thomas M. D.

Jany 19 1907 (Address) 1111 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Parkton Md	Jan 21 1907
UNDERTAKER	ADDRESS
A F Pfeltz	1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. D 91386

CERTIFICATE OF DEATH.

17 V

Place of Death.) No. Md General Hospital St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Carrie Bailey

{Residence, if in Baltimore, Give Street and Number.} 1120 Mc Culloh

Duration of Residence in Baltimore. Life

D. 91386

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: Feby 14 1848

AGE: about 58 yrs. (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm Bailey

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Thayer

BIRTHPLACE OF MOTHER (State or country): Boston Mass

OCCUPATION OF DECEASED: Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. W. Englar

(Address) 1564 Ruskin Av.

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 19th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Accidental inhalation of illuminating gas

(DURATION) .....

Contributory (Primary.)

(DURATION) .....

(Signed) Wm Bartram M.D.

Address 710 Log. Av. (Canton)

Date Jan. 20th 1907

Place of Burial Western Cemetery

Date Jan 22nd 1907

Undertaker David McLean Co

Address 833 Lanvale Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 1907 Registered No. B 97387

CERTIFICATE OF DEATH.

(Place of Death.) No. 617 S. Wolfe St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Charles Frank Schepen.

{Residence, if in Baltimore, Give Street and Number.} 617 S. Wolfe St.

Duration of Residence in Baltimore. Life

B. 97387

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 18th 1907

AGE: — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Frank H Schepen.

BIRTHPLACE OF FATHER (State or country): Balto City.

MAIDEN NAME OF MOTHER: Martha Wieselmann

BIRTHPLACE OF MOTHER (State or country): Balto City.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank H. Schepen.

(Address) 617 S. Wolfe St

Filed 1/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 20th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20th 1907 to Jan 20th 1907 that I last saw h.. alive on Jan 20th 1907 and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate

Pyaemia — Erhaustion

(DURATION)

Contributory (Primary.) Congenital Malformation of heart

(DURATION)

(Signed) Herman J. Seeman

Address 1937 Edmondson Ave.

Date Jan 20th 1907

Place of Burial St Alphonsus

Date Monday Jan 21 " 1907

Undertaker M. F. Radowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 97388 — Registered No. B 97388

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1315 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George J. Nickol

{Residence, if in Baltimore, Give Street and Number.} 1315 Ensor St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: July 17th 1874	
AGE: 32 years, 6 months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Maurice Nickol	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Anna M. Schrenker	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Tailor	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1315 Ensor St.

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20th 1907

I HEREBY CERTIFY, That I attended deceased from July 1905 to Jan 20th 1907

that I last saw h[er] alive on Jan 13th 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary —

Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferson Cook M.D.

Address 2644 E Pratt

Date Jan 20th 1907

Place of Burial Holy Redeemer Cemetery

Date Jan 22nd 1907

Undertaker Henry Stockslager

Address 1201 E Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 97389 Registered No. B 97389

CERTIFICATE OF DEATH. 19V

(Place of Death.) No. 1126 Wilcox St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Selina C. Becker

{Residence, if in Baltimore, Give Street and Number.} 1126 Wilcox St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 30th 1830

AGE 76 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Mr. Stubbell

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Stuber

(Address) 1126 Wilcox St.

Filed 1/21 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19 - 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 3 - 1906 to Jan. 19 - 1907

that I last saw her alive on Jan 17 - 1907

and that death occurred, on the date stated above, at 7 a m. CAUSE OF DEATH (Secondary or Immediate)

Mitral insufficiency

3 years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Carolina st.

Date January 20th 1907

Place of Burial St. Agnes Cem

Date Jan. 22nd 1907

Undertaker Henry Stuck Son

Address 1301 E Eager St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 97390 — Registered No. B 97390

CERTIFICATE OF DEATH.

1 0 V

(Place of Death.) No. 825 Ashland Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Fields

{Residence, if in Baltimore, Give Street and Number.} 825 Ashland Ave.

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Owen Brown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Malley

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. Fields

(Address) 825 Ashland Ave.

Filed 1/21 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 19 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 19 1907

that I last saw h[illegible] alive on Jan 19 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia.

(DURATION) 3 DAYS

Contributory (Primary.) General Debility

following Bronchitis (DURATION) DAYS

(Signed) M. L. Todd M.D.

Address 1202 E. Monument

Date Jan. 20 1907

Place of Burial St. Mary's Cemetery

Date Jan. 22nd 1907

Undertaker Henry Stocke & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97391

City of Baltimore, (No. 1224 Riverside Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabella F. Ringrose

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Daniel W. Fallin
BIRTHPLACE OF FATHER (State or country)	Maryland.
MAIDEN NAME OF MOTHER	Susan Prichett
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	House-Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Ringrose

(Address) 1224 Riverside Ave.

Filed 1/21 1907 MARY O. ADKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1907 to Jan 18th 1907 that I last saw her alive on Jan 17th 1907, and that death occurred, on the date stated above, at 7.30 A. M. The CAUSE OF DEATH was as follows:

Pneumonia
Superinduced by
La Grippe

(DURATION) 4 DAYS

Contributory Hysteria

(DURATION) 1 1/2 DAYS

(Signed) H. J. Carrick M. D.

Jan 19th 1907 (Address) 147 McCulloh St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	Jan. 22 1907
UNDERTAKER	**ADDRESS**
Armstrong Denny Co.	715 Light St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97392

CERTIFICATE OF DEATH.

92V

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hamilton

{ Residence, if in Baltimore, Give Street and Number. } 504 Biddle st.

Duration of Residence in Baltimore. Life

B. 97392

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: Unknown 1

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Owen

(Address) 1222 Druid Hill Ave

Filed 1/21 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 19th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Lucas Baldwin M.D.

Address 700 Lafayette Ave (Emory)

Date Jan. 20th 1907

Place of Burial Mount Auburn

Date Jan 21 1907

Undertaker John H Owen & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

10V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97393

City of Baltimore, (No. 18, S. Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Simon Henderson (WENDER)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 4/9 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Israel Neuder

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Edna Jacobs

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Wender

(Address) 18 S. Eutaw St.

Filed 1/21 1907 - HARRY O. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 20th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 20th 1907 to Jan. 20th 1907 that I last saw him alive on Jan. 20th 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Epidemic Influenza

..... (DURATION) 9 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) A. F. Lacey M. D.

Jan 20 1907 (Address) 2023 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Philip Ho Den Run

DATE OF BURIAL: Jan 22 1907

UNDERTAKER: Max Levinson

ADDRESS: 113 E Lan[illegible] st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97394

City of Baltimore, (No. 508 Oliver St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Buckley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female.

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: James Devereaux

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Crane

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Devereaux

(Address) 508 Oliver St

Filed 1/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Jan 19 1907 that I last saw her alive on Jan 19 1907, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) 2 DAYS

Contributory Acute Cardiac Dilatation

(DURATION) 2 DAYS

(Signed) Harry E Alyea M. D.

Jan 19 1907 (Address) 340 Columbus Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: Jan 23 1907

UNDERTAKER: A S Marshall — ADDRESS: 359 Aliceanna ✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 97395 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 652 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret a. Bell

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life. D. 97395

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 6 1906

AGE: ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Thomas F. Bell

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Mary A. Dundon

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas F Bell

(Address) 652 W. Lexington st

Filed 1/21 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 20 th 1907

I HEREBY CERTIFY, That I attended deceased from Chronic ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus from Constitutional blood disease

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. D. Feltault M.D.

Address 211 W. Fayette

Date Jany 20 th 1907

Place of Burial St Peters Cemetery

Date Jan 21 1907

Undertaker James Bryan & Son

Address 759 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward XX 97397 Registered No. B 97397

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Karpinska

{ Residence, if in Baltimore, Give Street and Number. } Emmyrint.

Duration of Residence in Baltimore. 2 days.

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR W.
DATE OF BIRTH	1
AGE 2 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schzinacher Bro

(Address) 6. E. Gay St

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20- 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 19 1907 to Jan 20 1907 that I last saw h[illegible] alive on Jan 20 1907 and that death occurred, on the date stated above, at 2 [illegible] M. CAUSE OF DEATH (Secondary or Immediate

Bronchial - Pneumonia

(DURATION) DAYS

Contributory (Primary.) Insanity

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date January 21 1907

Place of Burial 1st Evangelical Lu

Date January 21st 1907

Undertaker H. Sander Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 97396 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1736 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Keyser

{ Residence, if in Baltimore, Give Street and Number. } No. 1736 Gough St.

Duration of Residence in Baltimore. during life.

D.97396

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 10th 1839

AGE: 68 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Keyser

(Address) 1736 Gough St.

Filed 1/21 1907

HARRY O. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 19th 1907

I HEREBY CERTIFY, That I attended deceased from Octob 24th 1906 to Jan 19th 1907 that I last saw h im alive on Jan 17th 1907, and that death occurred, on the date stated above, at 4.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Hypertrophy

about one week (DURATION) DAYS

Contributory (Primary.) Chronic Parenchymatous Nephritis - two years (DURATION) DAYS

(Signed) Fredk A. Conrad M.D.

Address 2221 E. Balt. St

Date Jan 20th 1907

Place of Burial Trinity Cem.

Date January 21st 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward [illegible] 97398 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 311 S. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C. Bock

{Residence, if in Baltimore, Give Street and Number.} No. 311 S. Eden St.

Duration of Residence in Baltimore. during life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Aug. 28th 1900

AGE 6 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John C. F. Bock

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Carrie Mills

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John C. F. Bock

(Address) 311 S. Eden St

Filed 1/21 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1907 to Jan 18th 1907 that I last saw h[illegible] alive on Jan 18th 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate

Peritonitis

two days (DURATION) DAYS

Contributory (Primary) Typhoid fever

eight days (DURATION) DAYS

(Signed) Fredk. A. Conrad M.D.

Address No. 2121 E. Balt St

Date Jan 18th 1907

Place of Burial 1st Evangelical Lem

Date January 21st 1907

Undertaker H. GARDNER & CO. [illegible]

Address 1708-1710 Canton Avenue

S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 12 97399 Registered No. B 97399

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. 70 Buck Hill Int Vernon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. E. Sherman

{Residence, if in Baltimore, Give Street and Number.} 70 Buck Hill Int Vernon

Duration of Residence in Baltimore. 8 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 15 1862

AGE 45 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ga

FULL NAME OF FATHER Abraham Sherman

BIRTHPLACE OF FATHER (State or country) Ga

MAIDEN NAME OF MOTHER Mrs Sarah Young

BIRTHPLACE OF MOTHER (State or country) Ga

OCCUPATION OF DECEASED Laill Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Trusella Sherman

(Address) 70 Buck Hill Int Vernon

Filed 1/21 1907

HARRY U. [illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 19, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 9 1907 to Jan 18 1907

that I last saw h[illegible] alive on Jan. 18, 1907

and that death occurred, on the date stated above, at 11.0 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Verum F Tilly M.D.

Address 402 Fells Rd.

Date Jan 19, 1907

Place of Burial St Mary's Hampden

Date Jan 21 1907

Undertaker H. E. Shenouth & Son

Address 819 Third Ave Hampden

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 97400 Registered No. B 97400

CERTIFICATE OF DEATH. 931

(Place of Death.) No. 3154 Ceder Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Thomas Smith

{Residence, if in Baltimore, Give Street and Number.} Life 3157 Ceder Ave city

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 29 1903

AGE: 3 years, months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Inf

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Charles E. Smith

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary A. Appleby

BIRTHPLACE OF MOTHER (State or country): Howard Co. Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary A Smith (Mother)

(Address) 3154 Ceder Ave

Filed 1/21 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 14 1907 to Jan 20th 1907

that I last saw h in alive on Jan 20th 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Collapse

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. H. Feldman M.D.

Address 800 1st Ave

Date Jan 21/07 1907

Place of Burial St. Marys. Hampden

Date Jany 22nd 1907

Undertaker Wm. Chenowith & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 91401

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 306. N Sticker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas S. Murray

{Residence, if in Baltimore, Give Street and Number.} 306. N Sticker

Duration of Residence in Baltimore. Life

B. 91401

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 20 1832

AGE 74 years, 1 months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Daniel Murray

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Magdalen Millikin

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Murray

(Address) Same as above

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Apoplexy

(DURATION) DA

Contributory (Primary) Cardiac

(DURATION) DA

(Signed) Thos Jones M.D.

Address

Date Jan 21st 190

Place of Burial Mount Cathedral

Date Jan 21 190

Undertaker Jos B Cook

Address 1023 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 97402 Registered No. B 97402

61 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 435 S Bentalou St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paulin M.C. Stoheker

{Residence, if in Baltimore, Give Street and Number.} 435 S Bentalou

Duration of Residence in Baltimore. Life

B 97402

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 12 1896

AGE 10 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Stoheker

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Catherine Meyers

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Stoheker

(Address) 433½ S Bentalou

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Jan 19 1907

that I last saw her alive on Jan 18 1907

and that death occurred, on the date stated above, at 8 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 4 DAYS

Contributory (Primary.) Pneumonia (DURATION) 1 DAYS

(Signed) Edw Crumpton M.D.

Address 511 Lovida

Date Jan 19 1907

Place of Burial Loudon Park

Date Jan 22 1907

Undertaker Jos B Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97403

City of Baltimore, (No. 709, N. Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Stanislaw Wanylas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec (Month) 27 (Day) 1906 (Year)

AGE: ..... years, 1 month, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Stanislaw Wanylas

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Maggie Yurgulites

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanislaw Wanylites

(Address) 709 N. Lombard St

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 1 1907 to Jany 19th 1907 that I last saw h[im] alive on Jany 19 1907; and that death occurred, on the date stated above, at 7 a.m. The CAUSE OF DEATH was as follows:

Marasmus

Since birth (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. T. Robinson M. D.

190 (Address) 736 E Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Alphonsus — DATE OF BURIAL: Jan. 21 1907

UNDERTAKER: N S Dink — ADDRESS: 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 Registered No. B 3.104

CERTIFICATE OF DEATH.

B. 97405

(Place of Death.) No. Maryland General Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Elizabeth Douglass

{Residence, if in Baltimore, Give Street and Number.} 1231 Druid Hill Ave.

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Dec 1867

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Toadvine

(Address) 142 W Hill St

Filed 1/21 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Jan 21 1907

that I last saw h alive on Jan 21 1907

and that death occurred, on the date stated above, at 2

a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia syphilis of Lung

Pulmonal Hemorrhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W G Lack M.D.

Address Maryland General Hosp

Date Jan 21. 1907

Place of Burial Mt Auburn

Date Jany 23 1907

Undertaker John H Toadvine

Address 142 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

97405

Registered No. B 97405

B 97405 6 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 3329 Carroll St (Mt Vernon) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elsie V. Lovett

{Residence, if in Baltimore, Give Street and Number.} 3329 Carrol St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: May 10 1904

AGE: 2 years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: child

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel F. Lovett

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Mary E. Fisher

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel F. Lovett

(Address) 3329 Carrol St

Filed 1/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 20th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 13 1907 to Jan 20th 1907

that I last saw her alive on Jan 20th 1907,

and that death occurred, on the date stated above, at 3.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia & Collapse

(DURATION) 4 DAYS

Contributory (Primary.) Measles

(DURATION) 7 DAYS

(Signed) Wm H. Feddeman M.D.

Address 808 1st Ave

Date Jan 20th 1907

Place of Burial St. Mary's Cemetery

Date January 21st. 1907

Undertaker Horan Burger

Address 2631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... 97406 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1014 N. Arlington ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Bowie

{Residence, if in Baltimore, Give Street and Number.} 1014 N Arlington ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Apr. 22nd 1833

AGE: 73 years, 8 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Wm Duff Dell

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eliza Hay.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Flora Thuman

(Address) 1014. N. arlington Ave

Filed 1/21 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan 19 1907 to Jan 21 1907 that I last saw her alive on Jan 2 1907, and that death occurred, on the date stated above, at 245 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Pleuro Pneumonia

(DURATION) 7 DAYS

(Signed) John E Fuck M.D.

Address 647 W Fayette

Date Jan 21 1907

Place of Burial London Park

Date Jany 21 1907

Undertaker G F Walker

Address 723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... 154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1219 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Gaunt

{ Residence, if in Baltimore, Give Street and Number. } 1219 N. Bond

Duration of Residence in Baltimore. Life B. 977407

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Apl 12 1826

AGE: 81 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: John Gaunt

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Martha Lloyd.

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. E. Evans Jr.

(Address) 1219 N. Bond.

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 20 - 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 9 - 1906 to Jan. 20 - 1907

that I last saw h.. alive on Jan. 19 - 1907,

and that death occurred, on the date stated above, at 10 45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Old age

(DURATION) ..... DAYS

Contributory (Primary.) —

(DURATION) ..... DAYS

(Signed) Edwin B. Tenby, M.D.

Address 1219 N. Caroline st

Date January 20 1907

Place of Burial Wolfe Cemetery

Date Jany 22 1907

Undertaker Robt J Turner

Address Fiduc. Delivery

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97408 Registered No. B 97408

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Raffo

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 24 1906 to Jan. 20 1907

that I last saw h.. alive on Jan 20 1907,

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Epilepsy

..... (DURATION) ..... DAYS

(Signed) R. R. Konig M.D.

Address Bay View Hospital

Date Jan. 21 1907.

Place of Burial N.W. Cathedral

Date Jan. 23" 1907

Undertaker Wendell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

1 | V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97409

City of Baltimore, (No. 244 S. Ann St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cornia Jeffers

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: — (Month) 1 (Day) — (Year)

AGE: — years, — months, 10 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Jeffers

BIRTHPLACE OF FATHER (State or country): Venzuella S. A.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Washington D. C.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jeffers

(Address) 244 S Ann St

Filed 1/21 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 21st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 19th 1907 to Jan 21st 1907 that I last saw her alive on Jan 20th 1907, and that death occurred, on the date stated above, at 2.25 a M. The CAUSE OF DEATH was as follows:

Infantile Convulsions

(DURATION) 9 DAYS

Contributory

(DURATION) DAYS

(Signed) A. F. Rice M. D.

Jan 21st 1907 (Address) 213 S. Bond

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Holly Redeemer — DATE OF BURIAL: Jan 22 1907

UNDERTAKER: Wendell & Offutt — ADDRESS: 330 S Bond

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 D.47410 Registered No. B .....

CERTIFICATE OF DEATH. 14 V

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Thompson

{ Residence, if in Baltimore, Give Street and Number. } 1825 North Port Street

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. J. Bordley

(Address) Old York Rd & Thadeus

Filed 1/26 1907 HENRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 20 1907

I HEREBY CERTIFY, That I attended deceased from Dec 24 1906 to Jan 20 1907 that I last saw h[illegible] alive on Jan 20 1907, and that death occurred, on the date stated above, at 12 a. m. CAUSE OF DEATH (Secondary or Immediate)

Mitral - insufficiency

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W G MacCallum M.D.

Address Johns Hopkins Hospital

Date Jan 20 1907

Place of Burial Cleaves Station Md

Date Jan 22/07 1907

Undertaker Wm Cook

Address 1502 E. Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97411 Registered No. B 97411

CERTIFICATE OF DEATH.

13r

(Place of Death.) No. 864 Tyson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Matthews

{Residence, if in Baltimore, Give Street and Number.} Life - 864 Tyson St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Anne Arundel, Co. Md.

FULL NAME OF FATHER: Israel Anderson

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: Elizabeth Anderson

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Anderson

(Address) 864 Tyson St.

Filed 1/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 6 1907 to Jan 19th 1907

that I last saw h e alive on Jan 19th 1907

and that death occurred, on the date stated above, at 10 3

M. CAUSE OF DEATH (Secondary or Immediate.)

(Asthenia)

Pneumonia.

(DURATION) 13 DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) 13 DAYS

(Signed) A H Whelridge M.D.

Address 840 Park Ave

Date Burial Jan 22d 1907.

Place of Burial Mt Auburn

Date January 22, 1907

Undertaker Frehy B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97412

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 132 Old York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bettie Downey

{Residence, if in Baltimore, Give Street and Number.} 132 Old York Road

Duration of Residence in Baltimore. Four years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): North Carolina.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Berry Downey

(Address) 132 Old York Road

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 12 1907 to Jan 20 1907 that I last saw her alive on Jan 20 1907 and that death occurred, on the date stated above, at 8 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

..... (DURATION) .....

Contributory (Primary.) .....

..... (DURATION) .....

(Signed) R. H. G. Schmeltz M.D.

Address 424 - East 25 St

Date Jan. 21. 1907

Place of Burial Laurel Cemetery

Date January 23rd 1907

Undertaker Felix B Pyle.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 97413 Registered No. B 97413 — 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 320 Rose (Northwest) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda L Wells.

{Residence, if in Baltimore, Give Street and Number.} 320 Rose St.

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Afro-Am

DATE OF BIRTH: 1874 1

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Hamilton, Va.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Wells

(Address) 320 Rose St

Filed 1/21/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-20 1907

I HEREBY CERTIFY, That I attended deceased from 1-19 1907 to 1-20 1907

that I last saw h Lr alive on 1-19 1907

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave

Date 1-20 1907.

Place of Burial St Peters Cemetery

Date January, 22 190

Undertaker Felix B. Pye

Address 182 E Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 — 97414 — Registered No. B 97414

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Connor

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F — COLOR: W

DATE OF BIRTH: Sept 15, 1904

AGE: 2 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Beatrice

(Address) St Vincents asylum

Filed 1/21 1907 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1906 to Jan 19 1907 that I last saw her alive on Jan 19 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Bronchopneumonia (DURATION) 21 DAYS

(Signed) E A Hayward M.D.

Address 1220 n Caroline

Date 1-20 1907

Place of Burial New Cathedral Cem

Date Jan 21. 1907

Undertaker Daniels and M. J. Flynn

Address 42. East West Street

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 9741[illegible]

Registered No. B 9741[illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 784 Cerlumbia Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Hettling

{Residence, if in Baltimore, Give Street and Number.} 784 Columbia Ave

Duration of Residence in Baltimore. 20 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal

COLOR: Wht

DATE OF BIRTH: Nov 6 — 1830

AGE: 76 years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germ

FULL NAME OF FATHER: Henry Hettling

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Wilhelmina Rorich

BIRTHPLACE OF MOTHER (State or country): Germ

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Hettling

(Address) 784 Columbia Ave

Filed 1/21 1907

SIDNEY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 19 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Jan 19 1907 that I last saw h[illegible] alive on Jan 19 1907 and that death occurred, on the date stated above, at 4.30 M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 35 DAYS

Contributory (Primary.)

[illegible] (DURATION) 1 DAYS

(Signed) Edw L Young M.D.

Address 517 Lafayette

Date Jan 19 1907

Place of Burial Loudon Park Cem

Date Jan 23rd 1907

Undertaker E Schluraus Sons

Address 189 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92 v

CERTIFICATE OF DEATH.

Registered No. B 97416

City of Baltimore, (No. 507 N. Bradford St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Ann Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: May (Month) 2 (Day) 1821 (Year)

AGE: 86 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Bryan

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Harriet Fisher

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah R. Travers

(Address) Dorchester Co Md

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 6 1906 to Jan 20 1907 that I last saw h er alive on Jan 19 1907, and that death occurred, on the date stated above, at 6.25 A. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 14 DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) Samuel J. King M. D.

Jan 20 1907 (Address) 718 N. Patterson Pk

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? Taylors Island Md

PLACE OF BURIAL OR REMOVAL: Goldsboro Hill Tingate Dorchester Co Md

DATE OF BURIAL: Jan 22 1907

UNDERTAKER: Robert F Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 97417 — Registered No. B 97417

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infl. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Innocent Williams (Williams)

{Residence, if in Baltimore, Give Street and Number.} St. Vincent's Infl. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: Dec 28 1906

AGE: ..... years, ... months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. A. Asylum

Filed 1/21 1907 — HARRY C. MORRIS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 19, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to Jan 19 1907

that I last saw h— alive on Jan 19 1907,

and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C H Hayward M.D.

Address 1220 N Carrollton Av

Date Jan 21 1907

Place of Burial New Cathedral

Date June 22nd 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 97418 — Registered No. B 97418

151V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infl. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Troy Ward

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infl Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 190

AGE ..... years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 1/21 1907

BARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 17 1906 to Jan 20 1907 that I last saw her alive on Jan 19 1907, and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. St. Hayward M.D.

Address 1230 N Conkling

Date 1-21 1907

Place of Burial New Cathedral

Date Jan 22nd 1907

Undertaker Martin Raley & Sons

Address 601 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 97419 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents' Infnt. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Faker

{Residence, if in Baltimore, Give Street and Number.} St. Vincents' Infnt. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: Dec 9th 1906

AGE: ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vincents' I. Asy.

Filed 1/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1907

I HEREBY CERTIFY, That I attended deceased from Dec 9 1906 to Jan 19 1907 that I last saw h.. alive on Jan 19 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1330 N Caroline

Date 1-21 1907

Place of Burial New Cathedral

Date Jan. 22nd 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97420 Registered No. B 97420

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infl Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas Green

{Residence, if in Baltimore, Give Street and Number.} St. V. I. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: 1907

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 1/21 1907 HARRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1907

I HEREBY CERTIFY, That I attended deceased from Dec 19 1906 to Jan 25 1907

that I last saw him alive on Jan 19 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. A. Hayward M.D.

Address 1235 N Carrollton

Date 1-24 1907

Place of Burial New Cathedral

Date Jan 22 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE. 9 v

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97421

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 202 S. Eden St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Abe Weiner

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: ..... years, 17 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Israel Weiner

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fannie Bass

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED: ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Weiner

(Address) 202 n caroline

Filed 1/21/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1 (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1/21 1907 to 1/21 1907

that I last saw him alive on 1/21 1907,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

Diphtheria

24 hrs. (DURATION) DAYS

Contributory Cardiac

Asthenia (DURATION) DAYS

(Signed) B. C. Katzoff M. D.

1/21 1907 (Address) 11 E. Lexington St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Philip Rel Roanoke — DATE OF BURIAL: Jan 22 1907

UNDERTAKER: Mop Levinson — ADDRESS: 11 E. Lexington

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W.A. 97422 Registered No. B 91V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1105 Riverside Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Tyler

{Residence, if in Baltimore, Give Street and Number.} 1105 Riverside Avenue.

Duration of Residence in Baltimore. Life B 97422

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Colored

DATE OF BIRTH: June 1880

AGE: 27 years, 7 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Tyler

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Josephine Smith

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Tyler

(Address) 1105 Riverside Ave.

Filed 1/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 5 1907 to Jan 19 1907 that I last saw h, in alive on Jan 19 1907, and that death occurred, on the date stated above, at 5:50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 14 DAYS

Contributory (Primary) Pneumonia

(DURATION) 14 DAYS

(Signed) A. F. Foster M.D.

Address 712 S. Paca St

Date Jan 21st 1907

Place of Burial Mt. Auburn Cem

Date January 22 1907

Undertaker John H. Stockbridge

Address 142 W. Hill St.

WM. J. C. DULANY CO., Baltimore

I.B.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 9742 B — Registered No. B ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 202 Myrtle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Gaines

{Residence, if in Baltimore, Give Street and Number.} 202 Myrtle Ave

Duration of Residence in Baltimore. 4 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Addison

(Address) 20 2 Myrtle Ave.

Filed 1/22 1907 HENRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 1907

I HEREBY CERTIFY, That I attended deceased from January 14 1907 to June 20 1907 that I last saw h... alive on June 20 1907 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

& Heart Failure

(DURATION) 7 DAYS

Con'tributory (Primary.) Excess of alcohol (DURATION) ... DAYS

(Signed) T. S. Hutchins M.D.

Address 202 Druid Hill Ave

Date June 21 1907

Place of Burial Washington, D. C.

Date January 22, 1907

Undertaker John H. Toadvine

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 97424 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 851 Stockholm St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Boone

{Residence, if in Baltimore, Give Street and Number.} 851 Stockholm St,

B, 97424

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: July 15 - 1871

AGE: 35 years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: George Boone,

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Mary Blue,

BIRTHPLACE OF MOTHER (State or country): Maryland,

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Pinder

(Address) 1336 Cleveland St

Filed 1/22 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 19 1907

I HEREBY CERTIFY, That I attended deceased from Jan 12 1907 to Jan 12 1907

that I last saw h[illegible] alive on Jan 12 1907

and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis,

20 (DURATION) 20 DAYS

Contributory (Primary.) Debility &

Exhaustion (DURATION) DAYS

(Signed) J M Delcell M.D.

Address 621 Columbia Ave

Date Jan 21, 1907.

Place of Burial Mt. Auburn Cemetery

Date Jan 23 1907

Undertaker Geo. H. Hooper

Address 609 Little Pacast

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 97425 — Registered No. B 9 2 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Berman

{ Residence, if in Baltimore, Give Street and Number. } 146 N Exeter st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Oscar Berman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Minnie Bumpes

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oscar Berman

(Address) 146 n. Exeter

Filed 1/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan 18 1907 to Jan 21 1907

that I last saw him alive on Jan 21 1907 4 PM

and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Empyema

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Mac Callum M.D.

Address Johns Hopkins Hosp

Date Jan 21 1907

Place of Burial Philip Rd Rosedale

Date Jan 24 1907

Undertaker Max Levinson

Address 1135 Lois st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 97426 Registered No. B

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1716 N Milton av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Levin James Wallace

{Residence, if in Baltimore, Give Street and Number.} 1716 N Milton av

Duration of Residence in Baltimore. Life 0.97426

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: June 11th 1905

AGE: ..... years, 19 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John E Wallace

BIRTHPLACE OF FATHER (State or country): Somerset Co. Md.

MAIDEN NAME OF MOTHER: Mimie J Griffith

BIRTHPLACE OF MOTHER (State or country): Somerset Co. Md.

OCCUPATION OF DECEASED: X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Wallace

(Address) 1716 N Milton a

Filed 1/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1907

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to Jan 21 1907 that I last saw him alive on Jan 16 1907, and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

(Marasmus) Exhaustion Intussusception?

..... (DURATION) ..... DAYS

Contributory (Primary) Bronchopneumonia

2 or 3 mo. (DURATION) ..... DAYS

(Signed) W. J. Riley M.D.

Address 1639 Bway

Date 190

Place of Burial Bulls Cemetery

Date Jan 22 190

Undertaker E. I Fanning

Address 1938 E Lafayette a

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97427 Registered No. B 97427

CERTIFICATE OF DEATH. 11 V

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Douglas

{ Residence, if in Baltimore, Give Street and Number. } Whitmore S. C. C. 97427

Duration of Residence in Baltimore. 7,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — — 1850

AGE: 56 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): S. C.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): Unknown.

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Wm Sims

(Address) Whitmore S.C.

Filed 1/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan 17 1907 to Jan 21 1907

that I last saw him alive on Jan 21 1907

and that death occurred, on the date stated above, at 7.45

M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E St. Richardson M.D.

Address Johns Hopkins Hospital

Date Jan 22 1907

Place of Burial Whitmire S. C.

Date JAN 22 1907 190

Undertaker Wm. C. Bly

Address 1101 E. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 97428 Registered No. B 9742

CERTIFICATE OF DEATH.

155

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Krystina Wagner

{ Residence, if in Baltimore, Give Street and Number. } 406 S Carlton St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 6 Feb 1876

AGE 30 years, months, days

~~SINGLE~~ MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Gustave Krumpholz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elisa Brilling

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elisa Brilling

(Address) 315 S Pulaski St.

Filed 1/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate

Sudden Cause

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo P. Paulus M.D.

Address 2101 Frederick Ave

Date Jan 20 — 07 1907

Place of Burial Loudon Park.

Date Jan 22 1907

Undertaker Mrs Geo P Paulus

Address 2101 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 — 97429 — Registered No. B ...

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1708 Druid Hill St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Luke Scott

{Residence, if in Baltimore, Give Street and Number.} 1708 Druid Hill St

Duration of Residence in Baltimore. Four years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore Co

FULL NAME OF FATHER: George Scott

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Noah Cragg

(Address) 572 N. Caroline St

Filed 1/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 19 1907

I HEREBY CERTIFY, That I attended deceased from Jan 17 1907 to Jan 19 1907

that I last saw him alive on Jan 19 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

about one week (DURATION) — DAYS

Contributory (Primary) Old age

— (DURATION) — DAYS

(Signed) Edw Wheatley M.D.

Address 1230 Dolphin Ave

Date Jan 21 1907

Place of Burial Green Mount Cemetery North

Date January 22nd 1907

Undertaker Theodore White

Address 1702 Gough Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

97430 Registered No. B 97430

CERTIFICATE OF DEATH.

(Place of Death.) No. 1457 Ward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Adams

{Residence, if in Baltimore, Give Street and Number.} 1451 Ward

Duration of Residence in Baltimore: Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Black

DATE OF BIRTH: 1

AGE: ..... years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Maggfor adams

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellenora adams

(Address) 1451 Ward St

Filed 6/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 1907

I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

Contributory (Primary) Colds (DURATION) ..... DAYS

(DURATION) ..... DAYS

(Signed) Frank Jones M.D.

Address .....

Date Jun 24 1907

Place of Burial Mt Auburn

Date June 22 1907

Undertaker Alfred J. Fruland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 97431 — Registered No. B 97431

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Lee

{Residence, if in Baltimore, Give Street and Number.} 578 St Paul St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Montgomery Co. Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Steward

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) Lamar Hosp. Supt.

Filed 1/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1907

I HEREBY CERTIFY, That I attended deceased from Jan 18 1907 to Jan 19 1907 that I last saw h alive on Jan 19 1907, and that death occurred, on the date stated above, at 2 40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Cachexia

(DURATION) DAYS

(Signed) R R Konkle M.D.

Address Bay View Hospl.

Date Jan. 19 1907

Place of Burial Laurel

Date Jan 22 1907

Undertaker H. J. Elliott

Address 526 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 21 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97432

City of Baltimore, (No. 153, Johns Alley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Thomas Jones.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male.	COLOR: Black.
DATE OF BIRTH: Nov. (Month) 22 (Day) 1880 (Year)	
AGE: 26 years, 1 months, 29 days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married	
BIRTHPLACE (State or country): Virginia	
FULL NAME OF FATHER: Henry Jones.	
BIRTHPLACE OF FATHER (State or country): Va.	
MAIDEN NAME OF MOTHER: Bertha Williams	
BIRTHPLACE OF MOTHER (State or country): Va.	
OCCUPATION OF DECEASED: Laborer in Packing Factory	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mattie Jones

(Address) 153 Johns alley.

Filed 1/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 21 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 30 1907 to Jan. 21 1907 that I last saw h-im alive on 2 inst. 190..., and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis of lungs

followed Typhoid fever - implic[ated] indefinite about

(DURATION) 60 DAYS

Contributory Exhaustion & meningitis

(DURATION) 6 DAYS

(Signed) E. L. Whitney M. D.

Jan. 21 1907 (Address) 1103 Lindenau Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Jan. 22 1907
UNDERTAKER	ADDRESS
P. R. Elliott	506 Rogers

(2) From above - Jane not certain of the date of last visit a few days before - A charity case. No record taken of the date.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97433

City of Baltimore, (No. 1424, Rutter st St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nancy Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Johnson

(Address) 1424 Rutter st

Filed 1/22 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 21st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 21st 1907 to Jan 21 1907 that I last saw her alive on Jan 21 1907, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 48 hrs

Contributory La Grippe

(DURATION) 3 DAYS

(Signed) D Grant Cott M.D.

Jan 22 1907 (Address) 1334 N. Caddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Lubfield Cemetery	Jan 22 1907
UNDERTAKER: Peterkin	ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9743-4 Registered No. B

CERTIFICATE OF DEATH. 97434

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Hart.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address)

Filed 1/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Jan. 21 1907

that I last saw h.. alive on Jan 21 1907

and that death occurred, on the date stated above, at 3.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Insufficiency

Pulmonary

Thrombus

(DURATION) DAYS

Contributory (Primary.) Arterio-

sclerosis (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Jan 21 1907

Place of Burial Sacred Heart

Date Jany 22 1907

Undertaker Evans & Speece

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

97435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97435

City of Baltimore, (No. 1604 Clifton St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas High.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 77 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas C Gunton

(Address) 1604 Clifton St.

Filed 1/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 20 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 10 1907 to January 20 1907

that I last saw him alive on January 19 1907.

and that death occurred, on the date stated above, at 9.30 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis & Senility

(DURATION) 20 DAYS

Contributory Exhaustion

(DURATION) — DAYS

(Signed) Thos. J. Talbott M. D.

January 21 1907 (Address) 2505 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Westan — DATE OF BURIAL: Jan 23 1907

UNDERTAKER: Wm Cook — ADDRESS: 602 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 97436 Registered No. B 97436

CERTIFICATE OF DEATH.

(Place of Death.) No. 1244 Columbian ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Ann Lewis

{Residence, if in Baltimore, Give Street and Number.} 1244 Columbian ave

Duration of Residence in Baltimore. 40 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Thompson

(Address) 1269 S Sharpe St

Filed 1/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 at 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 7:45 P. M. CAUSE OF DEATH (Secondary or immediate)

Tumor of the Superior Maxillary Probable Malignant

Arthritis (DURATION) DAYS

Contributory (Primary.) Tumor

(DURATION) DAYS

(Signed) Chas Jones M.D.

Coroner

Address

Date Jan 24 1907

Place of Burial Western Cem.

Date Jan 24 1907

Undertaker Wm Cook

Address 1[illegible] E Hartford ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether single, married, widowed or divorced), **birthplace, occupation** and residence of the deceased, and the **cause and date of death.**

Ward 1 — 9743 — Registered No. B

CERTIFICATE OF DEATH.

10V

(Place of Death.) No. 382 St. Peter's (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Elmer Schaible

{Residence, if in Baltimore, Give Street and Number.} 382 N Peter St

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Oct 12 1886

AGE: 20 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Louis Schaible

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Margaret Simmons

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Clemmons

(Address) 382 N Peter St

Filed 1/22/ 1907 HARRY R. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 20 1907

I HEREBY CERTIFY, That I attended deceased from Jan 17 1907 to Jan 20 1907 that I last saw h[illegible] alive on Jan 19 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Influenza

(DURATION) 2 DAYS

Contributory (Primary.) Broncho Pneumonia (DURATION) 2 DAYS

(Signed) [illegible] M.D.

Address 517 Lemmon

Date Jan 22 1907

Place of Burial Steboll Balto Co

Date Jan 23 1907

Undertaker W S Marshall

Address 5539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 97438 1207

CERTIFICATE OF DEATH.

(Place of Death.) No. 1113 Little Wilson St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Geo Tyson

{Residence, if in Baltimore, Give Street and Number.} 1113 Little Wilson st

Duration of Residence in Baltimore. 19 yrs. B.97438

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: about 38 yrs (years, months, days)	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John Tyson
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Tyson

(Address) 1113 Little Wilson st

Filed 1/22 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 21 st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 ..... that I last saw h ..... alive on ..... 190 ..... and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate) Bright's Disease

about four mos. (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Bateman M.D.

Address 700 Lafayette av. City

Date Jan. 21 st 1907

Place of Burial Mt Zion

Date Jany 23rd 1907

Undertaker Chas. H. Smyth

Address 864 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9/439 Registered No. B 9/439

CERTIFICATE OF DEATH.

2 4 V

(Place of Death.) No. 1633 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James B. Hawkins

{Residence, if in Baltimore, Give Street and Number.} 1633 N. Calhoun St.

Duration of Residence in Baltimore. 7 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Ed

DATE OF BIRTH: 1

AGE: 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Charles Co Md

FULL NAME OF FATHER: Joseph T Hawkins

BIRTHPLACE OF FATHER (State or country): Charles Co Md

MAIDEN NAME OF MOTHER: Sarah Thomas

BIRTHPLACE OF MOTHER (State or country): Charles Co Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah A Hawkins

(Address) 1633 N Calhoun St

Filed 1/22 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 22d 1907

I HEREBY CERTIFY, That I attended deceased from January 18 1907 to January 22 1907 that I last saw him alive on January 21 1907 and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis, —

(DURATION) — DAYS

Contributory (Primary.) Acute General Tuberculosis (DURATION) = DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Presstman St

Date Baltimore Md Jan 22 1907

Place of Burial St Peters

Date Jan 24th 1907

Undertaker Clarence E Dryden

Address 1364 Edmondson Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97440

City of Baltimore, (No. 1923, 2023 Madison Av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Levi

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: 1 (Month) 20 (Day) 1907 (Year)	
AGE: 78 years, — months, — days	
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): Germy	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): Germay	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Levi

(Address) 2023 Madison Av

Filed 1/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1 (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 16 1907 to Jan 20 1907 that I last saw h.. alive on Jan 20 1907, and that death occurred, on the date stated above, at 6.40 P M. The CAUSE OF DEATH was as follows:

Acute Bronchitis

Contributory Acute Cardiac Dilatation (DURATION) 1 DAYS

(Signed) C Urbantschitsch M. D.

Jan 4 1907 (Address) Professional Building

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bath Hebrew Cem	Jan 22 1907
UNDERTAKER	ADDRESS
Chas Sondheim	928 Madison Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12

97441 Registered No. B 6 7 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 711 Gorsuch Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Patrick Francis Kenny

{Residence, if in Baltimore, Give Street and Number.} 711 Gorsuch Ave

Duration of Residence in Baltimore. 58 years?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 17 March 1

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thomas Kenny

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Stonecutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary M. Lansdine

(Address) 711 Gorsuch Ave

Filed 1/22 1904

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20th 1904

I HEREBY CERTIFY, That I attended deceased from July 4th 1903 to Jan 20th 1904

that I last saw h alive on Jan 20 1904

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma &
Cardiac Asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Locomotor ataxia (DURATION) 8 yr DAYS

(Signed) H. A. Brown M.D.

Address 663 Gorsuch Ave

Date Jan 20th 1904

Place of Burial Cathedral Cemetery

Date Jan 23 1904

Undertaker F. C. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 97443 Registered No. B 97443

CERTIFICATE OF DEATH. 14 V

(Place of Death.) No. 627 W. Lanvale St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Millie M. Cargo

{Residence, if in Baltimore, Give Street and Number.} 627 W. Lanvale St

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 845

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Irene Tucker

(Address) 429 Saratoga Alley

Filed 1/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1907

I HEREBY CERTIFY, That I attended deceased from Jan 7 1907 to Jan 20 1907

that I last saw h[illegible] alive on Jan 20 1907

and that death occurred, on the date stated above, at 2 1/2 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Mitral Regurgitation (DURATION) 6 Months

(Signed) John E Hack M.D.

Address 647 W Lafayette Ave

Date Jan 21 1907

Place of Burial Mt Auburn Cem

Date Jan 22 1907

Undertaker Felix B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 97444 Registered No. B

CERTIFICATE OF DEATH. 19v

(Place of Death.) No. 318 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alvin Henson

{Residence, if in Baltimore, Give Street and Number.} 318 S. Durham

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1884

AGE 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Robert Ford

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Laura W Smith

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Ironing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Henson

(Address) 318 S. Durham

Filed 1/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to Jan. 20 1907 that I last saw her alive on " 13 1907 and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) 1 DAYS

Contributory (Primary.) Heart Disease (DURATION) DAYS

(Signed) J. L. Wismer M.D.

Address 1735 Bank

Date Jan 21 1907

Place of Burial Mt Olivet

Date January 22 1907

Undertaker James H Dennis

Address 1332 Presstman

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 97445 Registered No. B

97 r

CERTIFICATE OF DEATH.

(Place of Death.) No. 1714 N Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Lambert

{Residence, if in Baltimore, Give Street and Number.} 1714 N. Bradford St.

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John H. Bartelmann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Lambert

(Address) 1714 N. Bradford St.

Filed 1/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan 19 1907 to Jan 21st 1907 that I last saw h[illegible] alive on Jan 20th 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Asthma

Acute Edema (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas T Elmer M.D.

Address 149 E Eager St

Date Jan 21st 1907

Place of Burial Holy Redeemer

Date Jan 23 1907

Undertaker Henry Houck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 6 — 97446 — Registered No. B 97446

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Bienstein

{Residence, if in Baltimore, Give Street and Number.} 2326 E Eliza b.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles Bienstein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kate Levi

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Bienstein

(Address) Lemar Hollyday, Supt.

Filed 1/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11 1907 to Jan 21 1907

that I last saw h[illegible] alive on Jan 21 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Jan. 21 1907

Place of Burial Mt. Matthews Cemetery

Date Jan 22 nd 1907

Undertaker Henry Hoeckelheim

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 1 — Registered No. B 97447

CERTIFICATE OF DEATH. 13V

(Place of Death.) No. Preston Apartments Guilford ave & Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia Kimberly Harvey

{ Residence, if in Baltimore, Give Street and Number. } Preston Apartments Cor Preston & Guilford Ave

Duration of Residence in Baltimore. From birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 4" 1855

AGE 47 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore - State Md

FULL NAME OF FATHER Edward Kimberly

BIRTHPLACE OF FATHER (State or country) Baltimore - State Md.

MAIDEN NAME OF MOTHER Catherine Pierce

BIRTHPLACE OF MOTHER (State or country) Harford Co Md

OCCUPATION OF DECEASED Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J K Eastcast Grand Kimberly

(Address) Preston Apartment

Filed Jan 22 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21 1907

I HEREBY CERTIFY, That I attended deceased from October 15th 1901 to January 21 1907 that I last saw her alive on January 20 1907, and that death occurred, on the date stated above, at 7.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute lobar Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Arthritis deformans (Chronic) (DURATION) 10 Years DAYS

(Signed) Thomas B. Futcher M.D.

Address 310 Franklin St

Date January 22 1907

Place of Burial Gr E Emmanuel

Date Jany 23rd 1907

Undertaker New Jenkins Hous Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 97448 Registered No. B 97448

CERTIFICATE OF DEATH.

36 V

(Place of Death.) No. 1528 Borough st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna Fitzpatrick

{ Residence, if in Baltimore, Give Street and Number. } 1528 Borough st.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Dec 13 1906

AGE ..... years, 1 months, 8 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Fitzpatrick

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Daisy Jones

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Fitzpatrick

(Address) 1528 Borough st

Filed 1/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Janu 21st 1907

I HEREBY CERTIFY, That I attended deceased from Janu 9th 1907 to Jan 21 1907 that I last saw h[illegible] alive on Jan 21 1907, and that death occurred, on the date stated above, at 9 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) ..... DAYS

Contributory (Primary.) Hereditary

Syphilis (DURATION) 5 mos

(Signed) S. Judson Mutter M.D.

Address 2079 W. Balt

Date Janu 22 1907

Place of Burial Eden Hill

Date Jan 22 1907

Undertaker Jos. Stumbaugh

Address 818 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

77 V

CERTIFICATE OF DEATH.

97449

Registered No. B.....

City of Baltimore, (No. St. Frances' Convent, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

E. Chase St. City

FULL NAME Sister M. Paula Scott.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Mulatto.

DATE OF BIRTH: ..... (Month) ..... (Day) 1865 (Year)

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Dallas, Texas.

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: in Caring for the Children

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Magdalen

(Address) E. Chase St. City.

Filed 1/22 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 21. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from October 11. 1906 to Jan 20. 1907

that I last saw her alive on Jan. 20. 1907

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis (DURATION) 2 yrs.

Contributory Asthenia

(DURATION) 10 DAYS

(Signed) Mary F Boepleini M.D.

Jan. 21. 1907 (Address) 1028 Valley St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan 23 1907
UNDERTAKER	ADDRESS
Edward A Byrne	302 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — Registered No. B 9745

CERTIFICATE OF DEATH.

1514

(Place of Death.) No. 905. appleton St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George H. Suter

{Residence, if in Baltimore, Give Street and Number.} 905. appleton St. B-9745

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Jan. 1st 1907

AGE: [redacted] years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: George M. Suter

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary E. Mallonee

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George M. Suter

(Address) 905. Appleton St.

Filed 1/22 1907 — MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Birth, 1/1 1907 to Jan. 21st 1907 that I last saw h[im] alive on Jan. 21st 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Bardenheier M.D.

Address 702 Eaf. av.

Date Jan. 22nd 1907

Place of Burial Lorraine

Date Jan 23rd 1907

Undertaker G.F. Walker

Address 728. W Laf. av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 97451 Registered No. B 97451

CERTIFICATE OF DEATH.

71

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest Theaston

{Residence, if in Baltimore, Give Street and Number.} 1517 Fairmount ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 17 1907

I HEREBY CERTIFY, That I attended deceased from Jan 14 1907 to Jan 17 1907

that I last saw him alive on Jan 17 1907, at 12 M. and that death occurred, on the date stated above, at 1 M.

CAUSE OF DEATH (Secondary or Immediate)

Aortic Insufficiency

Aneurysm of Arch of aorta

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date Jan 18 1907

Place of Burial UNIVERSITY OF MARYLAND

Date JAN 21 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

59

Ward IX 97452 Registered No. B 3745

CERTIFICATE OF DEATH.

135 ✓

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie Pierce

{ Residence, if in Baltimore, Give Street and Number. } Kent Island — Md.

Duration of Residence in Baltimore. 5 wks.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER George Brown.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18 1907

I HEREBY CERTIFY, That I attended deceased from Nov 9 1906 to Jan. 18 1907

that I last saw her alive on Jan 18 1907,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate) Hemorrhage — Shock — Sepsis — Following Instr for delivery — 24 hrs. (DURATION)

Contributory (Primary) Contracted Tuberc Organitis Chronic 9 Mths (DURATION) DAYS

(Signed) W. A. Storey M.D.

Address City Hospital

Date January 19 1907

Place of Burial UNIVERSITY OF MARYLAND.

Date JAN 22 1907 190

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

43

Ward 11 — 97453 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1007 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence Smith Barton

{Residence, if in Baltimore, Give Street and Number.} 1214 McCulloh st

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jan 15 — 1873

AGE: 34 years, — months, 6 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Thomas H. Smith

BIRTHPLACE OF FATHER (State or country): Baltimore city

MAIDEN NAME OF MOTHER: Elizabeth J. Barton

BIRTHPLACE OF MOTHER (State or country): Baltimore city

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry W. Smith

(Address) 2050 Linden ave

Filed 1/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 21st 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to Jan 21 1907

that I last saw her alive on Jan 21 1907

and that death occurred, on the date stated above, at 10.15 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of the Lungs

(DURATION) About 10 months DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) 15 DAYS

(Signed) Chas H. Burbert M.D.

Address 1100 W. Lafayette Ave

Date Jan 22nd 1907

Place of Burial Druid Ridge Cemetery

Date Jan 24th 1907

Undertaker Stewart Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

33

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19 v

CERTIFICATE OF DEATH.

Registered No. B 97454

City of Baltimore, (No. 817 ; N Calhoun St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman Meerholz.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December, 2nd, 1836 (Month) (Day) (Year)

AGE: 70 years, 1 month, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Adolph Meerholz.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eva Meerholz.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Clerk-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs P. G. Doyne

(Address) 817 N. Calhoun St.

Filed 1/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January, 20th, 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 10, 1906 to Dec 30 1906

that I last saw him alive on Dec 30, 1906

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Heart failure,

following

Chronic Myocarditis

— (DURATION) — DAYS

Contributory —

— (DURATION) — DAYS

(Signed) T. H. Arthur M. D.

Jany 20, 1907 (Address) 1516 W Lexington St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Green Mt Cem. | DATE OF BURIAL: Jany 23 1906

UNDERTAKER: John E Hough | ADDRESS: 1422 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 97455 Registered No. B [illegible]

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. 1533 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Taylor

{ Residence, if in Baltimore, Give Street and Number. } 1533 Woodyear St

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: Dont Know 1

AGE: 51 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or Country): Maryland

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Tiny Parker

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. L. Burke

(Address) 1117 Distin Ave

Filed 1/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8 1906 to Jan 21 1907

that I last saw h[illegible] alive on Jan 21 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Con'ributory (Primary) Hypostatic pneumonia

(DURATION) DAYS

(Signed) J. L. Burke M.D.

Address 1202 Druid Hill Ave

Date January 22 1907

Place of Burial Salisbury Md. Green Mount

Date June 23 1907

Undertaker J. L. Burke

Address 1117 Distin Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 97456 — Registered No. B 97456

CERTIFICATE OF DEATH.

10 8 V

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rufus Boyce

{ Residence, if in Baltimore, Give Street and Number. } Phoenix Baltimore Co. Md

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro

DATE OF BIRTH: 1

AGE: 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Bishop

(Address) 1107 Dundalk Ave

Filed 1/22 1907 HARRY O. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan 19 1907 to Jan 21 1907 that I last saw h[illegible] alive on Jan 21 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Shock

(DURATION) DAYS

Contributory (Primary.)

Intussusception (DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date Jan 22 1907

Place of Burial Phoenix Md

Date January 22 1907

Undertaker John A Bishop

Address 1107 Dundalk Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 9745

40 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Cawley.

{Residence, if in Baltimore, Give Street and Number.} Glenrdale Catetonut Co Va

B. 9744 57

Duration of Residence in Baltimore. ?,

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1860

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown.

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Isaac Cawley

(Address) Glenrdale Md

Filed Jan 23 1907

HARRY O. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan 8 1907 to Jan 21 1907 that I last saw h alive on Jan 21 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Liver
Pulmonary Embolism

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [redacted] M.D.

Address Johns Hopkins Hospital

Date Jan 22 1907

Place of Burial Glenrdale Md

Date JAN 22 1907 190

Undertaker Wm. J. Gray

Address 321 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... 97458 Registered No. B ...

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Welch

{ Residence, if in Baltimore, Give Street and Number. } U. S. Marine Hospital

Duration of Residence in Baltimore. 11 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ... 1 ...

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ?

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) —

Filed 1/23 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 22 1907

I HEREBY CERTIFY, That I attended deceased from February 24 1906 to January 22 1907 that I last saw him alive on January 22 1907, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or immediate)

Pulmonary tuberculosis

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) S. Williams M.D.

Address U.S. Marine Hospital

Date January 24 1907

Place of Burial Mt. Catholic

Date Jan 25-1907

Undertaker H. C. Kuyke

Address 17 E. Bond

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

97459

Registered No. B 154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 216 S. Sharp St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Jane Wilson

{Residence, if in Baltimore, Give Street and Number.} 216 S Sharp St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Don't know

AGE 82 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John W Johns.

(Address) 216 S Sharp St

Filed 1/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas Reinhardt M.D.

Address Coroner

Date January 23 1907

Place of Burial Mt. Auburn Cem

Date January 23 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97460

City of Baltimore, (No. 649, Bunbarel Alley, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Bl

DATE OF BIRTH: — (Month) — (Day) 1865 (Year)

AGE: 42 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): md.

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or country): md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie White

(Address) 649 Bunbarel Alley

Filed 1/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1906 to Jan 21 1907

that I last saw her alive on Jan 20 1907

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Breast

metastasis

Duration 1 yr DAYS

Contributory Cancer of uterus

(DURATION) DAYS

(Signed) B T Truman M. D.

Jan 21 1907 (Address) 603 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: Jan 23 1907

UNDERTAKER: John F. Feadrin

ADDRESS: 14 [illegible]

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 974

City of Baltimore, (No. 1807 Mchenry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occu a Hospital or Inst give its NAME of street and num

FULL NAME J. Harry Duvall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 11 (Month) (Day) 1848 (Year)

AGE: 58 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward Duvall

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Adeline Duvall

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E D Eggerton

(Address) 1807 Mchenry

Filed 1/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 22 (Day) 19

I HEREBY CERTIFY, That I attended deceased

May 19 to Jan 22 19

that I last saw h alive on Jan 22 19

and that death occurred, on the date stated above, at A.M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(DURATION) 18

Contributory Enlargement of Heart

(DURATION) 18

(Signed) Geo R Eckard M.D.

Jan 22 1907 (Address) 1707 E 25th St

SPECIAL INFORMATION only for Hospitals, Institutio Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death D

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Jany 24 190

UNDERTAKER: Robt J Turnbull Bro — ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and c

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coron Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superinte can be ascertained, a certificate setting forth, as far as the same or single) of the person deceased, and the cause and date of dea

Ward 7

97462

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1025 Brisco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Emmerich

{Residence, if in Baltimore, Give Street and Number.} 1025 Brisco

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 16th 1883

AGE: 23 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William C. Loughlin

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Kate Loty

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Edward Emmerich

(Address) 1025 Brisco St.

Filed 1/23 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Jany 13 1907 to Jany 21 1907

that I last saw h er alive on Jany 21 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

consumption

6 mos (DURATION) DAYS

Contributory (Primary.) Pleurisy 4 yrs ago (DURATION) DAYS

(Signed) W B Hall M.D.

Address Mt Winans Md

Date Jany 22 1907

Place of Burial Western Cemetery

Date Jan. 24th 1907

Undertaker Jas & Thos John H. Tenfel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cau

Regulations from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Ward— 16

97463 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1107 N. Parrish Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minaggs. Sullivan.

{Residence, if in Baltimore, Give Street and Number.} 1107. Parrish Alley.

Duration of Residence in Baltimore. Twenty Seven years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: color

DATE OF BIRTH: Jan 21 1

AGE: 31 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Washington Co Va

FULL NAME OF FATHER: Smith Tollivery

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lizzie Tollivery

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Tolliver

(Address) 1107 N. Parrish ave

Filed 1/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 21st 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1907 to Jan 20th 1907 that I last saw him alive on Jan 20 1907, and that death occurred, on the date stated above, at 2-45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis,

(DURATION) Four DAYS

Contributory (Primary.) Pneumonia,

(DURATION) Ten DAYS

(Signed) L. Pollitow Scott, M.D.

Address 1602. Penna ave

Date Jan. 23rd 1907

Place of Burial Mt Auburn cem

Date Jan 23 1907

Undertaker Wm J. Johnson

Address 614 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 97464 Registered No. B 97464

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or institution give its Name instead of Street and Number)

Full Name John H. Schultz

{Residence, if in Baltimore, Give Street and Number.} 1011 E. Lexington St.

B. 97464

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: DEC 2 1883

AGE: 24 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: J. H. Schulz. Sr.

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: May Last

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peregrine Wroth, Jr. M.D.

(Address)

Filed 1/23 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 21, 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1906 to Jan. 21, 1907

that I last saw h[im] alive on Jan. 21, 1907

and that death occurred, on the date stated above, at 3.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Pulmonary tuberculosis (DURATION) — DAYS

(Signed) Peregrine Wroth, Jr. M.D.

Address Union Prot. Inf.

Date Jan. 21, 1907

Place of Burial London Park

Date Jan 23 1907

Undertaker Mrs Andrew Robertson

Address 733 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97465

City of Baltimore, (No. 1174 Penna Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah Wilkens

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Oct 20 1852 (Month) (Day) (Year)
AGE	55 years, 3 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	John G Kaesig
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Hannah Telberg
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas F Clauber

(Address) 548 Mosher St

Filed 1/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 18 1907 to Jan 22 1907 that I last saw h[er] alive on Jan 22 1907, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 4 DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) Wm F Martin M. D.

Jan 22 1907 (Address) 832 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Jan 25 1907
UNDERTAKER	ADDRESS
Mrs Andrew Kohlenberger	730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97466

City of Baltimore, (No. 1415, Edmondson Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophia H. Asendorf

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 25 (Day) 1841 (Year)

AGE: 65 years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry Waltzen

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Stodi

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas W Asendorf

(Address) 1415 Edmondson Av

Filed 1/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 21st 1907 to Jan. 21st 1907

that I last saw h[illegible] alive on Jan. 21st 1907,

and that death occurred, on the date stated above, at 3.15 P. M. The CAUSE OF DEATH was as follows:

Apoplexy (DURATION) 7 hrs.

Contributory Encephalitis

(DURATION) hours.

(Signed) Chas. A Brack M. D.

Jan. 22nd 1907 (Address) 520 E. 20th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Pauls German Lutheran

DATE OF BURIAL: Jany 24 1907

UNDERTAKER: Wm Andrew Rohdenson

ADDRESS: 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 97467 Registered No. B 97467

154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 8 West Mt Vernon Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa M. Este

{Residence, if in Baltimore, Give Street and Number.} 8 West Mt Vernon Place

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 15th 1803

AGE 103 years, 3 months, 8 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) La.

FULL NAME OF FATHER William Miller

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Meleinm

BIRTHPLACE OF MOTHER (State or country) La

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. L. M. Este Fisher

(Address) 8 W. Mt Vernon Place

Filed 1/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to Jan 23 1907 that I last saw her alive on Jan 22 1907 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

2 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. A. Fisher Jr. M.D.

Address 715 Park Ave

Date Jan 23 1907

Place of Burial Cincinnati Ohio

Date January 25th 1907

Undertaker Henry A. Jenkins Sons Co

Address 238 W. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97468

City of Baltimore, (No. 910 N Stricker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maria L. Martin

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Not exactly known 1 (Month) (Day) Year)
AGE	66 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore.
FULL NAME OF FATHER	John Blair Martin.
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Margaret Fleming.
BIRTHPLACE OF MOTHER (State or country)	Queen Annes. Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irene Gardner.

(Address) 910 N. Stricker St

Filed 1/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 18th 1906 to January 21 1907

that I last saw h alive on January 21 1907.

and that death occurred, on the date stated above, at 11. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

Duration Months (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. C. Black M. D.

January 22 1907 (Address) 1010 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 23 1907
UNDERTAKER	ADDRESS
Crowley Brosd	205 N. Fulton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97469

City of Baltimore, (No. 2509 E Preston St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter Paul Grogan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 30 1905 (Month) (Day) (Year)

AGE: 1 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thos J Grogan

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie Cranford

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. J. Grogan

(Address) 2509 E. Preston St.

Filed 1/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 21 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 7 1907 to Jan 21 1907 that I last saw h im alive on Jan 21 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Pneumonia (DURATION) 8 DAYS

Contributory Exhaustion (DURATION) DAYS

(Signed) F. J. Powers M. D.

Jan 21 1907 (Address) 2571 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Vincents Cem | DATE OF BURIAL: 1/23 1907

UNDERTAKER: Evans & Spence | ADDRESS: 118 & 120 W Mt Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 97470

97470

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Powell

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Unknown 1

AGE 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) Lamar Holliday, Supt.

Filed 1/23 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 15 1907 to Jan. 21 1907

that I last saw h alive on Jan 21 1907, 3.30 P. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffuse nephritis, Arterio-sclerosis

Broncho Pneumonia DURATION DAYS

Contributory (Primary.) Respiratory failure (DURATION) DAYS

(Signed) R R Konion M.D.

Address Bay View Asylum

Date Jan 21 1907

Place of Burial Laurel Hall Cemetery

Date Jany 24" 1907

Undertaker Evans & Spence

Address 1184 & 1220 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 97471 — Registered No. B [illegible] 92 v

CERTIFICATE OF DEATH.

(Place of Death.) No. 18 S. Madeira St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Kiessling

{Residence, if in Baltimore, Give Street and Number.} 18 S. Madeira St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jan. 14th 1906
AGE	1 years, — months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	John Kiessling
BIRTHPLACE OF FATHER (State or country)	Baltimore Md.
MAIDEN NAME OF MOTHER	Louisa Streb
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kiessling

(Address) 18 S. Madeira St.

Filed 1/23 1907 JAMES C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21st 1907

I HEREBY CERTIFY, That I attended deceased from Jan 21 1907 to Jan 21 1907 that I last saw h[illegible] alive on Jan 21 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate

Broncho-Pneumonia (DURATION) 4 DAYS

Contributory (Primary.) Asphyxia (DURATION) — DAYS

(Signed) M. A. Faer M.D.

Address 12 E 25th St

Date Jan 22 1907

Place of Burial Holy Redeemer Cemetery

Date Jan. 23rd 1907

Undertaker Germanus Chaner

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151 V

CERTIFICATE OF DEATH.

Registered No. B 97472

City of Baltimore, (No. 504 N. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
FULL NAME Infant of Edgar George Redmond

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: Colored
DATE OF BIRTH: Jan (Month) 20 (Day) 1907 (Year)
AGE: ..... years, ... months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED:
BIRTHPLACE (State or country): Balto City And
FULL NAME OF FATHER: George Redmond
BIRTHPLACE OF FATHER (State or country): N. C.
MAIDEN NAME OF MOTHER: Eliza Ross
BIRTHPLACE OF MOTHER (State or country): N. C.
OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Redmond
(Address) 504 N. Dallas St

Filed 1/13 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Jan 22 1907 that I last saw him alive on Jan 22 1907, and that death occurred, on the date stated above, at 11 a. M. The CAUSE OF DEATH was as follows:

Congenital Weakness

(DURATION) 36 hours

Contributory ..... (DURATION) ..... DAYS

(Signed) D. Gantlett M. D.
Jan 23 1907 (Address) 1334 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Forest Lawn Cemetery
DATE OF BURIAL: Jan 23 1907
UNDERTAKER: Chas S Bailey
ADDRESS: 17 J Fenton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97473
missing

Ward 10 97474 Registered No. B 97474

Ward 10 97474 Registered No. B 97474

CERTIFICATE OF DEATH.

13V

(Place of Death.) No. 938 Booth St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo Carroll

{Residence, if in Baltimore, Give Street and Number.} 938 Booth St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	Colored
DATE OF BIRTH	Nov 1
AGE	31 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Marriage
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Hannible Carroll
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Carroll

(Address) 938 Booth St

Filed 1/23 1907 MARGT. E. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1907

I HEREBY CERTIFY, That I attended deceased from Jan 7 1907 to Jan 20 1907 that I last saw h alive on Jan 20 1907, and that death occurred, on the date stated above, at 8 P M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Cachexia

(DURATION) 7 DAYS

(Signed) H Howard M.D.

Address 939 S Fayette St

Date Jan 21 1907

Place of Burial Laurel

Date Jan 23rd 1907

Undertaker J. L. Pierce

Address 102 N. Schroder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97475 Registered No. B .....

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1130 Block St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine McVeal

{Residence, if in Baltimore, Give Street and Number.} 1130 Block St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 20" 1829

AGE 78 years, — months, 7 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Hamlin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Moran

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1130 Block St

Filed 1/23 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 22" 1907

I HEREBY CERTIFY, That I attended deceased from January 21st 1907 to January 21st 1907

that I last saw h~~er~~ alive on January 21st 1907,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Bronchial Pneumonia

(DURATION) Five DAYS

(Signed) Wm. D. Raymond M.D.

Address 809 N. Charles St.

Date January 23rd 1907

Place of Burial ~~St. Vincent's~~ Holy Cross Cemetery

Date January 24" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 97476 — Registered No. B 97476

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Grey

{Residence, if in Baltimore, Give Street and Number.} Berlin, Md.

B 97476

Duration of Residence in Baltimore. 38 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ——— 1859

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Lumberman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Solomon

(Address) 118 W. Mt. Royal Ave

Filed 1/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 13 1906 to Jan 22 1907 that I last saw h[illegible] alive on Jan 22 1907, and that death occurred, on the date stated above, at 3:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Terminal infection (Pneumonia)

Cardiac & respiratory failure.

(DURATION) DAYS

Contributory (Primary) Myocarditis, Chronic Nephritis (DURATION) DAYS

(Signed) W. W. Olwine M.D.

Address University Hospital

Date Jan. 22 1907

Place of Burial Pittsville Md.

Date Jany. 23 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 97477 — Registered No. B 9747

CERTIFICATE OF DEATH.

(Place of Death.) No. 117 N Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie M. Jung

{Residence, if in Baltimore, Give Street and Number.} 117 N Schroeder St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Jan 26th 1892

AGE 14 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Jung

BIRTHPLACE OF FATHER (State or country) U.S.

MAIDEN NAME OF MOTHER Sophia Roeder

BIRTHPLACE OF MOTHER (State or country) U.S.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jung

(Address) 117 N Schroeder St

Filed 1/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1907

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Jan 22 1907

that I last saw h.. alive on Jan 21 1907,

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

16 mos (DURATION) DAYS

Contributory (Primary.) Asthenia

2 mos (DURATION) DAYS

(Signed) V L Norwood M.D.

Address 739 W Fayette St

Date Jan 22 1907

Place of Burial London Park

Date Jan 25th 1907

Undertaker Geo. J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97478

City of Baltimore, (No. 930 W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Augustus W. Miles

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Aug. (Month) 13 (Day) 1806 (Year)

AGE: 100 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Buck Co. Pa.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm M. Burton

(Address) 930 W. Fayette St

Filed 1/23 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Janu (Month) 23rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Janu 22 1907 to Janu 22 1907 that I last saw him alive on Janu 22 1907, and that death occurred, on the date stated above, at 3.30 A. M. The CAUSE OF DEATH was as follows:

Senility- sure and simple. Evidence of nothing else.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Edwin C. Price M. D.

Janu 23, 1907 (Address) 1012 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western cem - DATE OF BURIAL: Jan 25 1907

UNDERTAKER: Geo J Smith & Co ADDRESS 1000 W. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 97479

CERTIFICATE OF DEATH.

(Place of Death.) No. Julius Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Roy.

{Residence, if in Baltimore, Give Street and Number.} 926 Mc Donough

Duration of Residence in Baltimore. 27 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH .....1.....

AGE 57 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence L Roy

(Address) 918 Mc Donough St

Filed 1/23 1907 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 - 1907

I HEREBY CERTIFY, That I attended deceased from .....190.... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at 850

.....M. CAUSE OF DEATH (Secondary or Immediate)

Failure of Heart

Old Senility

.....(DURATION) DAYS

Contributory (Primary.)

.....(DURATION) DAYS

(Signed) Fred K Dennis M.D.

Address Coroners Office

Date Jan 21 - 07 190

Place of Burial Laurel

Date Jan 24 1907

Undertaker R F Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 3480

CERTIFICATE OF DEATH.

1572

(Place of Death.) No. 1720 Thomas Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thomas Dorsey

{Residence, if in Baltimore, Give Street and Number.} 1720 Thomas Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored

DATE OF BIRTH: Jan 20 1907

AGE: — years, — months, 12 hrs. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John Dorsey

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Bertha Clark

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Bertha Dorsey

(Address) 1720 Thomas Place

Filed 1/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Same 1907

that I last saw h — alive on — 1907,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from umbilical cord

(DURATION) 2 hrs DAYS

Contributory (Primary) Accidental

slipping of ligature (DURATION) — DAYS

(Signed) Benj. D Stayton M.D. Coroner

Address 1216 N. Carrolton ct.

Date Jan. 22. 1907

Place of Burial Laural Cemetary

Date January 23 1907

Undertaker Robert A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward 6 — Registered No. B 1718

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred E. Brown

{Residence, if in Baltimore, Give Street and Number.} 411 W. Fayette St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Col.

DATE OF BIRTH: Jan 6 1903

AGE: 4 years, 7 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Richd. Brown

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Johnson

BIRTHPLACE OF MOTHER (State or country): Washington D.C.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Haughton Bradley

(Address) W. Fayette St.

Filed 1/23 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 21 — 1907

I HEREBY CERTIFY, That I attended deceased from Jany 17 1907 to Jany 21 1907 that I last saw h[illegible] alive on Jany 21 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure & Exhaustion
Due to Summer Catarrh
Diarrhea

(DURATION) 3 Days

Contributory (Primary.) Acute Capillary Bronchitis & Lobular Pneumonia

(DURATION) DAYS

(Signed) Haughton Bradley M.D.

Address W. Fayette St.

Date January 21st 1907

Place of Burial Laurel

Date January 23 — 1907

Undertaker R. F. Elliott

Address 306 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 97482 — Registered No. B 97482

20 V

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Jeffers

{ Residence, if in Baltimore, Give Street and Number. } 143 So. Cross St.

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	35 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	John Jeffers
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Ellen —
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Jeffers

(Address) 1215 S. Eutaw Street

Filed 1/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 16 1906 to Jan 21 1907 that I last saw h-im alive on Jan 21 1907, and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.) Compound Diffused Fracture of Leg (DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date Jan 21 1907

Place of Burial St. Peters Cemetery

Date January 24th 1907

Undertaker Ward & Margaret G. Flynn

Address 422 West St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19v

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97483

City of Baltimore, (No. #1109 East Monument St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Augusta Arnold

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Feb 11 1861 (Month) (Day) (Year)
AGE	45 years, 11 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	William Staff
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Dont Know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Arnold

(Address) 1109 E. Monument St

Filed 1/23 1907 HARRY C. ANDREWS, DEPUTY CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Jan 22 1907 that I last saw h alive on Jan 21 1907, and that death occurred, on the date stated above, at 6 45 P.M. The CAUSE OF DEATH was as follows:

Acute Cardiac Dilatation

(DURATION) 3 hours DAYS

Contributory Myocarditis

(DURATION) 2 to 3 months DAYS

(Signed) Howard J. Kelly M. D.

1/23 1907 (Address) 2227 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan 24 1907
UNDERTAKER	ADDRESS
F. B. Kappert	#1 Frederick Av. Extended

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97484

120 ✓

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97484

City of Baltimore, (No. 2724 N. Charles St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Capt. Theodore Foerch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Sea Captain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Moll

(Address) 1710 Caton Ave

Filed 1/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Jan 20 1907 that I last saw him alive on Jan 20 1907, and that death occurred, on the date stated above, at 1-30 P.M. The CAUSE OF DEATH was as follows:

Brights disease followed by Pneumonia

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. S. Bernard M. D.

Jan 20 1907 (Address) 2112 N. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Germany — How long at Place of Death? 16 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hoboken N. Y. — DATE OF BURIAL: Jan 23rd 1907

UNDERTAKER: H. Sander Sons — ADDRESS: 1710 Caton Ave

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — 97485 — Registered No. B 722

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonia Krisniowicka.

{Residence, if in Baltimore, Give Street and Number.} 506 S. Bond St

Duration of Residence in Baltimore. Four months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1855

AGE: 45 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. E. [illegible]

(Address) Md. General Hospital

Filed 1/23 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1907 to Jan 22 1907 that I last saw her alive on Jan 22 1907, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus caused by puncture of sole of foot by small nail upon which she stepped.

Duration Days

Contributory (Primary.) Exhaustion & Heart Failure (DURATION) DAYS

(Signed) E. E. Langley M.D.

Address Md. General Hosp.

Date Jan 22, 1907

Place of Burial St Marys Independence

Date Thursday Jan 24" 1907

Undertaker W. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

97486 Registered No. B 97486

CERTIFICATE OF DEATH. 119 V

(Place of Death.) No. 904 Bevan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amanda Witte

{Residence, if in Baltimore, Give Street and Number.} 904 Bevan St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 5 1860

AGE 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Andrew Grebe

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie McAllister

(Address) 738 S. Charles

Filed 1/23 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 d 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1906 to Jan 22 1907

that I last saw h alive on Jan 22 1907

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Interstitial Nephritis

6 mont (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 835 Light St

Date Jan 22 d 1907

Place of Burial Cedar Hill

Date Jan 25 1907

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

7

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

791

CERTIFICATE OF DEATH.

Registered No. B 97487

City of Baltimore, (No. 708 Hanover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry A. Hahn.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: Jan (Month) 8 (Day) 1882 (Year)

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): California

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hahn

(Address) 708 Hanover St

Filed 1/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 21 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 17 1907 to Jany 21 1907

that I last saw h... alive on Jany 20 1907,

and that death occurred, on the date stated above, at ...M. The CAUSE OF DEATH was as follows:

Dilated Heart
Valvular Disease
Dont Know (DURATION) ... DAYS

Contributory ...

(DURATION) ... DAYS

(Signed) Jno D Blake M. D.

Jany 22 1907 (Address) 1014 W Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 24 1907

UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97488

Ward ..... B. 97484 Registered No. B 0

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Aasmann

{Residence, if in Baltimore, Give Street and Number.} (Asemann)

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday.

(Address)

Filed 1/23 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 21 1907

I HEREBY CERTIFY, That I attended deceased from June 18 1906 to Jan. 21 1907 that I last saw h alive on Jan 21 1907, 4.30 and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate.)

Double Lobar Pneumonia

Chronic diffused Nephritis (DURATION) ... DAYS

Con'ributory (Primary) Respiratory failure (DURATION) ... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Jan 22 1907

Place of Burial Western Cemetery

Date January 24 1907

Undertaker Armstrong Danny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 — 97489 — Registered No. B 97489

99 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 311 Eutaw Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John G. Jacob

{Residence, if in Baltimore, Give Street and Number.} Eutaw Court No. 311

Duration of Residence in Baltimore. 5-7 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Aug. 27th 1829

AGE: 77 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John G. Jacob

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Store keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margarethe Jacob

(Address) 311 Eutaw Court

Filed 1/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 24th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 19th 1907 to Jany 24th 1907 that I last saw h[illegible] alive on July 24th 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hacmoptysis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. E. Stoner M.D.

Address 1525 Eutaw St

Date Jany 25th 1907

Place of Burial Loudon Park

Date Jan. 24th 1907

Undertaker Philip Steuwald & Son

Address 119 S. Eutaw St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 97490 — Registered No. B

CERTIFICATE OF DEATH.

97490
10 V

(Place of Death.) No. 810 Covington St. St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name John A. Meyer

{ Residence, if in Baltimore, Give Street and Number. } 810 Covington St.

Duration of Residence in Baltimore. 45. Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 22. 1840
AGE	67 years, 7 months, 0 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Not Known.
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Not Known.
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Watchman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/23 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 190 to Jan 21 190

that I last saw h alive on Jan 20 190

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate

Grippe and Pneumonia.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. Md. Evans M.D.

Address 605 S. Ann St.

Date Jan 21 1907

Place of Burial Balto Cemetery

Date Jan. 24 1907

Undertaker E. J. Fanning

Address 1938 E Lafayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 97491 Registered No. B 97491

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1570 Byrd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Foster

{Residence, if in Baltimore, Give Street and Number.} 1570 Byrd St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH 1845

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. County Md

FULL NAME OF FATHER George Foster

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER ″ ″

BIRTHPLACE OF MOTHER (State or country) ″ ″

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Louis Crepeau

(Informant) [illegible]

(Address) 1570 Byrd St

Filed 1/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21 1907

I HEREBY CERTIFY, That I attended deceased from 1/17 1907 to 1/21 1907

that I last saw him alive on 1/ / 190 .

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 5 DAYS

Contributory (Primary) Hemiplegia

(DURATION) 5 DAYS

(Signed) L. J. Turlington M.D.

Address 120 E Fort Ave

Date January 22 1907

Place of Burial Linden Park

Date Jan 24 1907

Undertaker E. J. Channing

Address 1938 E Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97492

City of Baltimore, (No. 1912 Penna Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine M Ebert

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 2 (Month) (Day) 1844 (Year)

AGE: 63 years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Koch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant by Peter Ebert

Address 1912 Penna ave

Filed 1/23 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 17 1907 to Jan 22 1907 that I last saw her alive on Jan 22 1907, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 4 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Chas H Dubert M. D.

Jan 22 1907 (Address) 1100 W. Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Immanuel's Cem

DATE OF BURIAL: Jan 26 1907

UNDERTAKER: Louis Heimann

ADDRESS: 6 Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 97493 Registered No. B 97493

CERTIFICATE OF DEATH.

(Place of Death.) No. 1810 Greenmount ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Klinge

{Residence, if in Baltimore, Give Street and Number.} 1810 Greenmount ave

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Chambers

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Mark

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Klinge

(Address) 1810 Greenmount Ave

Filed 1/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Jan 22nd 1907 that I last saw her alive on Jan 22 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. W. Peaco M.D.

Address 1230 Greenmount Ave

Date Jan 23rd 1907

Place of Burial Loudon Park

Date Jan 25 1907

Undertaker W. W. Cook

Address 1505 E North Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 97494 Registered No. B 97494

54V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name 319 South Stricker

{Residence, if in Baltimore, Give Street and Number.} Annie Ott alias Annie McKee

Duration of Residence in Baltimore. 31 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday Supt.

(Address)

Filed 1/23 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 22 1907

I HEREBY CERTIFY, That I attended deceased from Jany 16, 1907 to Jany. 22 1907 that I last saw her alive on Jany. 22 1907, and that death occurred, on the date stated above, at 10:15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

(DURATION) 6 DAYS

Contributory (Primary) Myocarditis interstitial

Tuberculosis (DURATION) absent 16 Days.

(Signed) H M Andrews M.D.

Address Bay View Asylum

Date January 22. 1907

Place of Burial Western Cem

Date Jan 25 1907

Undertaker Wm Cook & Son

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97495 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Jansen.

{ Residence, if in Baltimore, Give Street and Number. } 1439 Parish alley

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Color

DATE OF BIRTH: June 1 1862

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Jane Jansen

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Jansen

(Address) 1439 Parish all

Filed 1/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan 14 1907 to Jan 21 1907 that I last saw h.. alive on Jan 21 1907 and that death occurred, on the date stated above, at 6.25 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 1 DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) 10 DAYS

(Signed) W. W. Steele M.D.

Address 1122 N Howard St

Date Jan 22 1907

Place of Burial Mt Jerome

Date Jan 24 1906

Undertaker R L Parham

Address 1213 Parish St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B [illegible]

97496

CERTIFICATE OF DEATH.

155 V

(Place of Death.) No. 800 Reservoir St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number

Full Name Lillie Prag

{ Residence, if in Baltimore, Give Street and Number. } 800 Reservoir St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Isaac Sonnekill

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P Ahrens

(Address) 754 Eutaw St

Filed 1/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1907

I HEREBY CERTIFY, That I attended deceased from

1907 to 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis Epidemic?
Contributory Acute
Pneumonia with
Lobular Interstitial

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles Guttmann M.D.
Coroner

Address 1818 N. Charles St

Date Jan 23 1907

Place of Burial Hebrew Fell Point Cemetery

Date January 24 1907

Undertaker P Ahrens & Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

9 R

(Place of Death.) No. 1710 Druid Hill Ave St. (if Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Henry Wesley

{ Residence, if in Baltimore, Give Street and Number. } 1710 Druid Hill Ave

B 9/1897

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: C

DATE OF BIRTH: 11 Yrs 8 M. 1

AGE: 11 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John H Wesley

BIRTHPLACE OF FATHER (State or country): Howard Co

MAIDEN NAME OF MOTHER: Minnie Smith

BIRTHPLACE OF MOTHER (State or country): Burlington Vermont

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Elijah Wesley

(Address) 2020 Druid St

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 22 1907

I HEREBY CERTIFY, That I attended deceased from Jan 22 1907 to Jan 22 1907 that I last saw h alive on Jan 22 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Laryngeal Diphtheria

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. C. Hoenk M.D.

Address 1922 Vernon Ave

Date Jan 23 1907

Place of Burial Elkridge Landing Howard Co Md

Date Jan 24th 1907

Undertaker Clarence E Wright

Address 1364 N Carey St

11 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97498 Registered No. B 97498

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 665 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hester Mitchell

{ Residence, if in Baltimore, Give Street and Number. } 665 George

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 42 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED~~ OR ~~DIVORCED~~

BIRTHPLACE (State or country) Cambridge Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Harris

(Address) 669 Mulberry St

Filed 1/24 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1907

I HEREBY CERTIFY, That I attended deceased from Jan 23 1907 to Jan 23 1907 that I last saw h[er] alive on Jan 23 1907, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

~~Apoplexy~~ Apoplexy

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) L. L. Lloyd M.D.

Address 639 W Franklin St

Date Jan 23. 1907

Place of Burial Loudon

Date Jan 26 1907

Undertaker Jno. H. Jordan

Address 142 N Howard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97499

81 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97499

City of Baltimore, (No. 1016 N. Eilmore St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W. Ernest

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Mar 15 1837 (Month) (Day) (Year)

AGE: 69 years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Harford Co Md.

FULL NAME OF FATHER: Benj Ernest

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah Singleton

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Ernest

(Address) 1016 N. Eilmore St

Filed 1/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 22 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 22 1907 to Jan 22 1907

that I last saw him alive on Jan 22 1907,

and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

old age & arterio sclerosis

Cerebral hemorrhage (DURATION) 5 hours DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) H E Kunkel M. D.

Jan 24 1907 (Address) 1002 N Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Jan 24 1907

UNDERTAKER: Chas. C. Franck

ADDRESS: 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 — 97500 — Registered No. B 97500

CERTIFICATE OF DEATH.

(Place of Death.) No. 1607 Clifton Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Wright

{Residence, if in Baltimore, Give Street and Number.} 1607 Clifton Av

Duration of Residence in Baltimore. 80 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 5 1817
AGE	89 years, 9 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Harford County Md.
FULL NAME OF FATHER	William Wright.
BIRTHPLACE OF FATHER (State or country)	Not known.
MAIDEN NAME OF MOTHER	Amelia Smith
BIRTHPLACE OF MOTHER (State or country)	~~Not known~~ Harford County Md
OCCUPATION OF DECEASED	"Stair builder"

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George E. Shannon

(Address) 1442 Presstman St.

Filed 1/24 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct 17 1906 to Jany 23 1907 that I last saw him alive on Jany 22 1907 and that death occurred, on the date stated above, at 7.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis

(DURATION) 2 mos.

Contributory (Primary) Chronic Nephritis

(DURATION) — DAYS

(Signed) George E. Shannon M.D.

Address 1442 Presstman St

Date Jany 23. 1907

Place of Burial Baltimore Cemetery

Date Jan. 25th 1907

Undertaker Chas. E. Francis & Co

Address 446 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 97501 — Registered No. B 97501 1167

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Katherine Corbett

{Residence, if in Baltimore, Give Street and Number.} 1119 Harford Ave.

Duration of Residence in Baltimore. 21 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Nov. 24 1878
AGE	29 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Philip Dorn
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Henrietta Frank
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. Frank Dorn

(Address) #1313 E North Ave

Filed 1/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1907

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1907 to Jan 23, 1907 that I last saw her alive on Jan 23 1907, and that death occurred, on the date stated above, at 1.40 A.M. CAUSE OF DEATH (Secondary or Immediate

Peritonitis following Operation for Sterilization and ventral suspension

(DURATION) 3 DAYS

Contributory (Primary.) Trauma & heart failure (DURATION) DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date Jan 23, 1907

Place of Burial New Cathedral Cem

Date Jan. 25 1907

Undertaker Chas. E. Frances

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

97502

Registered No. B 97502

CERTIFICATE OF DEATH.

(Place of Death.) No. 785 W Pratt st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Domingo Triol

{Residence, if in Baltimore, Give Street and Number.} 785 W. Pratt St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 27 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Portsmouth Va

FULL NAME OF FATHER Domingo Triol

BIRTHPLACE OF FATHER (State or country) Santa Francisco

MAIDEN NAME OF MOTHER Alice Silly

BIRTHPLACE OF MOTHER (State or country) Norfolk Va

OCCUPATION OF DECEASED Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Callahan

(Address) 826 W Lombard st

Filed 1/24 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1907

I HEREBY CERTIFY, That I attended deceased from Jan 19 1907 to Jan 21 1907

that I last saw him alive on Jan 21 1907,

and that death occurred, on the date stated above, at 8:20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis complicated with Pneumonia

Paralysis 5 months

Pneumonia (DURATION) 4 DAYS

Contributory (Primary.) Asthma

(DURATION) 1 DAYS

(Signed) J. E. Jones M.D.

Address 866 Columbia ave

Date Jan 23 1907

Place of Burial Mount Olivet

Date Jan 24 1907

Undertaker John Lowman

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

(Dr Mose)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 97503 — Registered No. B 97503

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1718 W. Pratt St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. J. Malone

{Residence, if in Baltimore, Give Street and Number.} 1718 W. Pratt St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: James Malone

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Gallagher

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: R. R. Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary T. Malone (Wife)

(Address) 1718 W. Pratt St.

Filed 1/24 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 23 1907

I HEREBY CERTIFY, That I attended deceased from Jany 16 1906 to Jany 23 1907

that I last saw him alive on Jany 22 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) 2 wks

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 1 Year

(Signed) Mary C. Ahern M.D.

Address 1203 W. Fayette St

Date Jany 23 1907

Place of Burial New Cathedral

Date Jan 24 1907

Undertaker John J. Cowan

Address 901 Holland St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97504

City of Baltimore, (No. 567 Oxford St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Jan 1 1907 (Month) (Day) (Year)

AGE: — years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wandy Collins

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Jane Thomas

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Thomas

(Address) 567 Oxford St.

Filed 1/24 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 22nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

I. The CAUSE OF DEATH was as follows:

Congenital Debility

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Allan Baldwin, Coron M. D.

1/23 1907 (Address) 700 Eg. ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Jan 24 1907
UNDERTAKER	ADDRESS
John H Owen & Son	1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

9.7505

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97505

City of Baltimore, (No. 355 Bentalou St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant ~~Dost~~ John & Minnie Dost

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: Jan (Month) 23 (Day) 1907 (Year)
AGE: — years, — months 2 Minutes days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
BIRTHPLACE (State or country): Baltimore
FULL NAME OF FATHER: John Dost
BIRTHPLACE OF FATHER (State or country): Baltimore
MAIDEN NAME OF MOTHER: Minnie Vearick
BIRTHPLACE OF MOTHER (State or country): Baltimore
OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dost
(Address) 355 Bentalou St

Filed 1/24 1907
HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 23d 1907 to Jan 23d 1907 that I last saw h alive on 190 and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Premature Labor. Child was 6 months of gestation and died. Seven minutes after birth

DURATION 7th DAYS

Contributory

(DURATION) DAYS

(Signed) Wm Gambel M. D.
Jan 23d 1907 (Address) 1704 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 24 1907
UNDERTAKER	ADDRESS
Jno. Bentz	

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 97506 Registered No. B 97506

CERTIFICATE OF DEATH.

(Place of Death.) No. 1005 Harmony Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gladys Spence

{Residence, if in Baltimore, Give Street and Number.} 1005 Harmony Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Black

DATE OF BIRTH 1

AGE 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Spence

BIRTHPLACE OF FATHER (State or country) C

MAIDEN NAME OF MOTHER Anna Spence

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Spence

(Address) 1005 Harmony Lane

Filed 1/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Jan 22 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9.30 a.m. CAUSE OF DEATH (Secondary or Immediate

Broncho Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edmund Jones M.D.

Address 1 Fremont

Date Jan 23rd 1907

Place of Burial Mt Auburn Cem

Date Jan 24 1907

Undertaker R. A. Elliott

Address 516 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 97507 Registered No. B [illegible]

CERTIFICATE OF DEATH.

934

(Place of Death.) No. 912 N. Parrish St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pinkney Fenwick

{Residence, if in Baltimore, Give Street and Number.} 912 Parrish ave

Duration of Residence in Baltimore. Thirty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Aug. 2nd 1872

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Benjamin Fenwick

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Fenwick

(Address) 912 N Parrish ave.

Filed 1/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 22nd 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 30 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Bascomb M.D.

Address 700 Log. ave. Corbin

Date Jan. 22nd 1907

Place of Burial Mt Auburn Cem

Date Jan 24 1907

Undertaker Wm H Ward

Address 1011 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 97508 — Registered No. B 97508

CERTIFICATE OF DEATH.

(Place of Death.) No. 716 Cider Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margarette Simms

{Residence, if in Baltimore, Give Street and Number.} 716 Cider Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Unknown

AGE: 50 about years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Unk.

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Unk

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Tapse

(Address) 1011 N. Calhoun

Filed 1/24 1907 — SAMY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 — 22 — 1907

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Jan 22 1907

that I last saw h alive on Jan 20 1907

and that death occurred, on the date stated above, at 10:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis. Dropsy & Asthenia

(DURATION) 2 mos DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. L. Lloyd M.D.

Address 639 W Franklin St

Date Jan 23 1907

Place of Burial Mt Auburn Cem

Date Jan 25 1907

Undertaker Sam'l W Lord

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 97509 — Registered No. B 97509

CERTIFICATE OF DEATH.

(Place of Death.) No. The Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patty Hollingsworth

{Residence, if in Baltimore, Give Street and Number.} Unknown

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1831 1

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Chas. E. Harrison

(Address) 1510 Dent-Em-

Filed 1/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 23 1907

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to Jany 23 1907 that I last saw h.e alive on Jan 22 1907, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Thyroid

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address The Church Home & Infirmary

Date January 23 1907

Place of Burial St Paul's Cemetery

Date Jan. 25th 1907

Undertaker Wm. M. Gaunt Sons

Address 90 W. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97510

City of Baltimore, (No. 614 W. Conway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robt Lee Morgan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 8 1900 (Month) (Day) (Year)

AGE: 6 years, 6 months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Robert L Morgan

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Caroline M Horney

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert L Morgan

(Address) 614 W Conway St

Filed 1/24 1907

BACKY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 24 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 21 1907 to Jany 24 1907

that I last saw h[illegible] alive on Jany 23 1907,

and that death occurred, on the date stated above, at 7:30 a. m. The CAUSE OF DEATH was as follows:

Diphtheria

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. C. Blake M. D.

Jany 24 1907 (Address) 1014 W Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 25 1907
UNDERTAKER	ADDRESS
Geo W Little	531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

2 P. M.

Ward IX

97511

Registered No. B 97511

CERTIFICATE OF DEATH.

159 ✓

(Place of Death.) No. 413 N. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name R. Lloyd Nicols

{Residence, if in Baltimore, Give Street and Number.} 413 N. Charles st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Kent Co. Md.

FULL NAME OF FATHER: Jeremiah Nicols

BIRTHPLACE OF FATHER (State or country): Kent Co. Md.

MAIDEN NAME OF MOTHER: Frances R. Burgess

BIRTHPLACE OF MOTHER (State or country): Kent Co. Md.

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Nicols

(Address) 30 E Lanvale st

Filed 1/24 1907 HARRY C. ANDREWS, PERMIT CLERK of Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1907

I HEREBY CERTIFY, That I attended deceased from Consumption 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by pistol shot wound through mouth + head.

(DURATION) DAYS

Con'ributory (Primary.) Melancholia from Excessive alcoholic drink (DURATION) DAYS

(Signed) Benj. N. Hayden Coroner M.D.

Address 216 E Cauldin at.

Date Jan. 24 1907

Place of Burial St. Pauls Rock Hall Cemetery, Kent Co. Md.

Date January 25 1907

Undertaker Stewart & Mowen Co.

Address 215-217 Park ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97512

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151 r

CERTIFICATE OF DEATH.

97512

Registered No. B.....

City of Baltimore, (No. 1414 Luzerne St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Elizabeth Kenner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 24 1906 (Month) (Day) (Year)

AGE: ..... years, 1 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George Kenner

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Matilda Zinkann

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Kenner

(Address) 1414 Luzerne St

Filed 1/24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Jan 23 1907

that I last saw h~~er~~ alive on Jan 23 1907,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

[illegible]

(DURATION) 12 DAYS

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) F. J. Power M. D.

Jan 24 1907 (Address) 2371 E Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Alphonsus Cemetery	Jan 25 1907
UNDERTAKER	ADDRESS
Henry Hook & Son	1301 E Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

97513 Registered No. B 97513

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 13 N. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Smith

{Residence, if in Baltimore, Give Street and Number.} 13 N. Rose St.

Duration of Residence in Baltimore. Forty yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 70 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germanney

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germanney

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germanney

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Miller

(Address) 13 N. Rose

Filed 1/24 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1907

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to Jan 23 1907 that I last saw h[er] alive on Jan 16 1907 and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Causing Anasarca

(DURATION) 24 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. Rank M.D.

Address 2000 E. Baltimore

Date Jan 23 1907

Place of Burial Forest Home

Date Jan 25 1907

Undertaker Wendell Diffenderfer

Address 3305 Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

97514 Registered No. B 97514

28

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen'l Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Biagio Fiorenza

{Residence, if in Baltimore, Give Street and Number.} 312 E. Pratt St.

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH Jan 1

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Roberta

(Address) 312 Pratt St.

Filed 1/24 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan 12 1907 to Jan 21 1907 that I last saw h[illegible] alive on Jan 21 1907, and that death occurred, on the date stated above, at 6.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Meningitis

2 weeks (DURATION) — DAYS

Contributory (Primary.) Pneumonia

1 week (DURATION) DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hosp.

Date Jan 22 1907

Place of Burial Wood Home

Date Jan 25 1907

Undertaker Wendell Diffel & Son

Address 3303 Eastern Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward XX 97515 Registered No. B 97515

97 V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonni Schuster

{Residence, if in Baltimore, Give Street and Number.} Immigrant

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Wh.

DATE OF BIRTH Jan. 23 — 1916

AGE 1 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Schumacher

Address 28 Bay St.

Filed 1/24 1917

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 22 — 1917

I HEREBY CERTIFY, That I attended deceased from Jan 22 1917 to Jan 23 1917

that I last saw her alive on Jan 23 1917

and that death occurred, on the date stated above, at 4 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. A. Storey M.D.

Address City Hospital

Date January 24 — 1917

Place of Burial 1st Evangelical

Date Jan. 26th 1917

Undertaker H. Sauer & Sons

Address 1711 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

97516

Registered No. B 97516

156 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 600 Harford's Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Crane

{ Residence, if in Baltimore, Give Street and Number. } 600 Harford's Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Dec 23 1874

AGE 33 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Canada

FULL NAME OF FATHER Thomas Mullrooney

BIRTHPLACE OF FATHER (State or country) Canada

MAIDEN NAME OF MOTHER Louisa O. Brian

BIRTHPLACE OF MOTHER (State or country) Canada

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William G. Crane

(Address) 2305 Hanover st

Filed 1/24 1907

MARY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 330 P M. CAUSE OF DEATH (Secondary or Immediate)

Suicide Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Cummins M.D.

Address Coroner Age

Date Jan 23-07 190

Place of Burial Cedar Hill

Date Jan 25 190

Undertaker Jos. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97517

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97517

Registered No. B.....

City of Baltimore, (No. Balto. City Jail St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robt Hart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1872 (Year)

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sudden death 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Heart Failure

..... (DURATION) ..... DAYS

Contributory Alcoholism

..... (DURATION) ..... DAYS

(Signed) Benj S Hayden Coroner M. D.

Jan 20 1907 (Address) 1216 E. Courtland St

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Day

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: UNIV. OF MARYLAND — DATE OF BURIAL: JAN 23 1907

UNDERTAKER: Commissioner Health, — ADDRESS: Health Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 97519 — Registered No. B 97519

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 W Lombard St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lafaun Melina Rauch

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Jan 21 1907

AGE: ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Frederick C Rauch.

BIRTHPLACE OF FATHER (State or country): Phila Pa.

MAIDEN NAME OF MOTHER: Lizzie Kirby

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/24 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 12 - 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Jan 21 1907 that I last saw h.. alive on Jan 21 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate) Bronchio-Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion —

..... (DURATION) ..... DAYS

(Signed) Henry Blum, M.D.

Address 622 W Lombard St -

Date Jan 21 - 1907

Place of Burial UNIVERSITY OF MARYLAND

Date Jan 22nd 1907

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

65

Ward 3

97518 Registered No. B 97518

CERTIFICATE OF DEATH.

(Place of Death.) No. 129 E. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leon Lumphrey

{ Residence, if in Baltimore, Give Street and Number. } 122 E. Dallas St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR Colored

DATE OF BIRTH 1887

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/24 190 7 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17th 190 6

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dyspnea

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 3207 Gwynn St

Date ..... 190 .....

Place of Burial UNIVERSITY OF MARYLAND

Date JAN 23 1907 190 .....

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

63

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97520 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 2410 Hudson alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Richard Jones

{Residence, if in Baltimore, Give Street and Number.} Same as above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Emmert Parker

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Julia Atkins

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Parker

(Address) 2410 Hudson Alley

Filed 1/24 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Jan 22 ..... 190 7

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on 190 23

and that death occurred, on the date stated above, at 7 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonary

3 months (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) Chas Luttmann M.D.

Address 1818 N. Charles st

Date ..... Jan 24 ..... 190 7

Place of Burial Laurel Cemetery

Date January 24th 190 7

Undertaker Felix B Frye.

Address 1025 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward XX

97521 Registered No. B 97521

CERTIFICATE OF DEATH.

3/1 V

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel H Blakeley

{ Residence, if in Baltimore, Give Street and Number. } Ocean Mills - Md.

Duration of Residence in Baltimore. 9 1/2 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 8 1836

AGE 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Samuel H. Blakeley

BIRTHPLACE OF FATHER (State or country) Phila Co Pa

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Brooks

(Address) 12 S. Calhoun St

Filed 1/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 23 - 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 5 1906 to Jan. 23 1907

that I last saw h-m alive on Jan. 23 1907

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Throat & Mouth.

(DURATION) DAYS

Contributory (Primary.) Pulmonary Oedema (DURATION) 2 DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date January 23 1907

Place of Burial Baltimore Cemetery

Date Jan 25 1907

Undertaker Robt. Brooks & Son

Address S. E. Cor Calhoun & Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 97522

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97522

City of Baltimore, (No. 626 N. Arlington Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wilhelmina W. Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. (Month) 19th (Day) 1841 (Year)

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Kent Co. Md

FULL NAME OF FATHER: Samuel J. Burrich

BIRTHPLACE OF FATHER (State or country): Queen Anne Co Md

MAIDEN NAME OF MOTHER: Louisa Warner

BIRTHPLACE OF MOTHER (State or country): Queen Anne Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel J. Burrich

(Address) 321 N. Calhoun St.

Filed 1/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 19 1907 to Jan. 23 1907 that I last saw her alive on Jan. 23 1907, and that death occurred, on the date stated above, at 6.50 a.m. The CAUSE OF DEATH was as follows:

~~Pneumonia~~ Pulmonia

(DURATION) 4 DAYS

Contributory Influenza

(DURATION) 7 DAYS

(Signed) Jas. H. Hartman M. D.

Jan. 23 1907 (Address) 1003 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Stellwood Kent Co. Md

DATE OF BURIAL: Jan. 25 1907

UNDERTAKER: Ellis Mitchell

ADDRESS: 1201 W. Fayette

Ward 2

97523

Registered No. B 97523

CERTIFICATE OF DEATH.

(Place of Death.) No. 1045 Cross St Court ~~St~~

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cesie Chambers

{ Residence, if in Baltimore, Give Street and Number. } 1049 Howard St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored ~~White~~

DATE OF BIRTH: June 12 1906

AGE: — years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: David Chambers

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Mary Saunders

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Saunders (mother)

(Address) 1049 S Howard St

Filed 1/24 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 23 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h ..... alive on ..... 190 ....

and that death occurred, on the date stated above, at 4 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Jno M Leonhard M.D.

Address Coroner

Date January 24 1907

Place of Burial Mt Auburn Cemetery

Date Jan 24 1907

Undertaker Geo H Flosher

Address 609 Little Pacq st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. B 97525

97525

CERTIFICATE OF DEATH.

201

(Place of Death.) No. #309 So Collington Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John William Steelberg Jr

{ Residence, if in Baltimore, Give Street and Number. } #309 So Collington Ave

Duration of Residence in Baltimore. 2 weeks 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Jan 23rd 1907

AGE: ..... years, ... months, 16 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John William Steelberg

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Alice Graham

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H I Truxdell

(Address) 640 N Carrollton Ave

Filed 1/24 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Jan 23rd 1907 that I last saw him alive on Jan 23rd 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 14 DAYS

Contributory (Primary.) Contusion of arm followed by Infection (DURATION) 10 DAYS

(Signed) H I Truxdell M.D.

Address 640 N Carrollton Ave

Date Jan 24th 1907

Place of Burial Balto. Cem.

Date Jan 25th 1907

Undertaker Wm C. Truxun

Address Bank & Ann Sts

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B 97524

CERTIFICATE OF DEATH.

(Place of Death.) No. 2720 Evergreen Terrace St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred Tyler Roberts

{Residence, if in Baltimore, Give Street and Number.} 2720 Evergreen Terrace

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 28th 1891

AGE: 15 years, 9 months, 27 days

SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Alfred B Roberts

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Genevia Tyler

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Scholar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father Alfred B. Roberts

(Address) 2720 Evergreen Terrace

Filed 1/24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 20. 1906 to Jany 24 1907 that I last saw him alive on " 22 1907, and that death occurred, on the date stated above, at 1.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis (DURATION) 10 months DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N Caroline St.

Date Jany 24. 1907

Place of Burial Lorraine Cemetary

Date January 26th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97526 Registered No. B 97526

CERTIFICATE OF DEATH.

1707

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Brown

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 23 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1906 to Jan. 23 1907 that I last saw h alive on Jan 23 1907, and that death occurred, on the date stated above, at 6.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffuse Nephritis, Uraemia - Sclerosis, Broncho-pneumonia (DURATION) DAYS

Contributory (Primary) Respiratory failure (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Jan. 25 1907

Place of Burial Sacred Heart

Date January 25" 1907

Undertaker Ernest Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B 97527

97527

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Margaret Doherty

{ Residence, if in Baltimore, Give Street and Number. } Lexington Md. 20

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Unknown 1844

AGE 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Dohaney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Fowler

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Towle

(Address) 114 N Bradford St

Filed 1/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan 22 1907 to Jan 24 1907

that I last saw h[illegible] alive on Jan 24 1907

and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate

Acute Dilatation of Heart —

(DURATION) DAYS

Contributory (Primary.) Valvular Disease of Heart

(DURATION) DAYS

(Signed) Wm. Sorey M.D.

Address City Hospital

Date January 24 1907

Place of Burial Cathedral

Date Jan 26 th 1907

Undertaker Gilbert F Stilbin

Address 1711 Maryland Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97528 Registered No. B 97528

154 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 2417 Eastern Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Diller

{Residence, if in Baltimore, Give Street and Number.} No. 2417 Eastern Ave.

Duration of Residence in Baltimore. fifty five years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 19th 1825

AGE: 81 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Stonecutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Rinemann

(Address) 2417 Eastern Ave.

Filed 1/25 1907 HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22d 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 3d 1906 to Jan 22d 1907 that I last saw him alive on Jan 22d 1907, and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

about one year (DURATION) DAYS

Contributory (Primary.) Bronchitis

about one month (DURATION) DAYS

(Signed) Fredk A. Conradi, M.D.

Address No. 2321 E. Balt. St.

Date January 24th 1907

Place of Burial Mt. Carmel Cemetery

Date Jan. 24th 1907

Undertaker HENRY SAUER & SONS

Address S. E. Cor. Broadway & Baltimore Sts. and 1702-1710 Gough Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward D 97529 Registered No. B 97529

CERTIFICATE OF DEATH.

151 ✓

(Place of Death.) No. Mercy Columbian 515 S Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Boy Coleman

{Residence, if in Baltimore, Give Street and Number.} 515 S Spring St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR C

DATE OF BIRTH Jan 19 1907

AGE ... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Moses Coleman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Jones

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie Smallwood

(Address) 515 S Spring St

Filed 1/25 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1907

I HEREBY CERTIFY, That I attended deceased from Jan 19 1907 to Jan 23 1907 that I last saw h.. alive on Jan 22 1907, and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Weakness

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 162 Broadway

Date Jan 23 1907

Place of Burial Asbury

Date Jan 25 to 1907

Undertaker Wm J C Jackson

Address 422 McCulloh St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 97530 Registered No. B 97530

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Johnson

{Residence, if in Baltimore, Give Street and Number.} 1306 Lemmon St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): West Malenborough

FULL NAME OF FATHER: George Johnson

BIRTHPLACE OF FATHER (State or country): West Malenborough

MAIDEN NAME OF MOTHER: Eunice Richmond

BIRTHPLACE OF MOTHER (State or country): West Malenborough Md

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) [illegible]

Filed 1/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Jan 22 1907 that I last saw h alive on Jan 22 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospt.

Date Jan. 23 1907

Place of Burial Mt Auburn Cemetery

Date Jan 26 1907

Undertaker R A Hilliatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97351 97351

Ward 11 Registered No. B 9763 93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Jud. Gen Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Bordley

{ Residence, if in Baltimore, Give Street and Number. } 1023. Jamtons Ally

Duration of Residence in Baltimore. 37 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH ..... 1 .....

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) K. Elliott

(Address) 506 Rogers ave

Filed 1/25 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1907 to Jan 24 1907 that I last saw her alive on Jan 24, 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Carc

Endocarditis

2 weeks (DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) 1 DAYS

(Signed) C. C. Langley M.D.

Address Jud Gen. Hospital

Date Jan 24 1907

Place of Burial Laurel Cem

Date Jan 27 1907

Undertaker K. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 97532 — Registered No. B 97532

45V

CERTIFICATE OF DEATH.

(Place of Death.) No. 202 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August Struck

{Residence, if in Baltimore, Give Street and Number.} 202 N Washington st

Duration of Residence in Baltimore. 5 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Charles Struck

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Josephine Herbst

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Wood carver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Struck

(Address) 202 N. Washington st

Filed 1/25 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 24th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to Jany 24th 1907 that I last saw h alive on Jany 24 1907, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma Larynx (DURATION) 2 yrs DAYS

(Signed) C W Wiley M.D.

Address 23 Hudson st

Date Jany 24 1907

Place of Burial Holy Redeemer

Date Jany 26 1907

Undertaker Jos. J. Myer

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 97533 — Registered No. B 97533

10 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 121 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alvin L Herald

{Residence, if in Baltimore, Give Street and Number.} ~~Same~~ 121 N. Wolfe st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 4 1906

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Thomas Herald

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Jennie Bullman

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Herald

(Address) 121 N. Wolfe st

Filed 1/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan 14 1907 to Jan 24 1907 that I last saw h-- alive on Jan 23 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho- Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) La Grippe

(DURATION) 3 DAYS

(Signed) Albertus Collins M.D.

Address 1828 E. Balto

Date Jan 24th 1907

Place of Burial Balto. Cem.

Date Jan. 26 1907

Undertaker Jos. J. Burn

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

97534 Registered No. B 97534

CERTIFICATE OF DEATH.

(Place of Death.) No. 709 W. German St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name William Theis

{Residence, if in Baltimore, Give Street and Number.} 709 W. German St.

Duration of Residence in Baltimore. 54 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 3rd 1907

AGE: 73 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna E. Theis

(Address) 709 W. German St.

Filed 1/25 1907

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 23 1907 to Jan 23 1907

that I last saw him alive on Jan 23 1907

and that death occurred, on the date stated above, at 1.40 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Cerebro

(DURATION) 4 DAYS

(Signed) [illegible] M.D.

Address 721 Columbia ave.

Date Jan. 24th 1907

Place of Burial Western Cemetery

Date Jan 26th 1907

Undertaker Mr. Buss John W. Teufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 97535

97535

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1127 Carroll St St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Elenora Ault

{Residence, if in Baltimore, Give Street and Number.} 1127 Carroll St

Duration of Residence in Baltimore. Life —

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH Aug 7 — 1857

AGE 56 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Joseph Smoot.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sarah McGraw

BIRTHPLACE OF MOTHER (State or country) Md —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Ault

(Address) 1127 Carroll St

Filed 1/25 1907

HARRY O. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Sept 11th 1906 to Jan 25 1907 that I last saw h as alive on Jan 22 1907, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) 120 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 60 DAYS

(Signed) [illegible] M.D.

Address 1117 Lemmon.

Date Jan 24 1907

Place of Burial Loudon Park

Date Jan 24 1907

Undertaker Wm J Duffy & Son

Address Camden & Paca St

WM. J. C. DULANY CO., BALTIMORE.

Fr Grenfell

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91 ✓

CERTIFICATE OF DEATH.

Registered No. B 97536

City of Baltimore, (No. 324 N. Fremont Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances Schnur

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan. (Month) 19th (Day) 1827 (Year)

AGE: 80 years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Koenteger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Schnur

(Address) 324 Fremont

Filed 1/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 22 1907 to Jan 23 1907

that I last saw her alive on Jan 23 1907,

and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Bronch Asthma (DURATION) 2 DAYS

Contributory Exhaustion (DURATION) 4 DAYS

(Signed) Robt. J. Murray M.D. M. D.

Jan 23 1907 (Address) 510 N. Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Alphonsus

DATE OF BURIAL: 1/26 1907

UNDERTAKER: Wm J Schilling

ADDRESS: 91 Pratt St

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 97537 — Registered No. B 97537

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Johnson

{ Residence, if in Baltimore, Give Street and Number. } Hill w. Lexington St

Duration of Residence in Baltimore. all his life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 1/25 1907 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan 24 1907 to Jan 24 1907 that I last saw h[illegible] alive on Jan 24 1907 and that death occurred, on the date stated above, at 8 50 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) ... DAYS

Contributory (Primary.) Pneumonia

(DURATION) ... DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date Jan 25 1907

Place of Burial Mt Auburn Cemetery

Date Jan 26 1907

Undertaker Geo H Hooper

Address 609 Little Pacant

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

97538 Registered No. B 97538

93 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 E. 6 Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E Kline

{Residence, if in Baltimore, Give Street and Number.} 105 E 6 Chapel

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 4 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John Kline

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kline

Address 105 Chapel

Filed 1/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw him alive on — 190

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Linder Coroner M.D.

Address 320 E Lanvale St.

Date 190

Place of Burial Trinity

Date Jan 26 1907

Undertaker Wendell Diffenderfer Son

Address 930 S Bond St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — 97539 — Registered No. B 97539

CERTIFICATE OF DEATH.

(Place of Death.) No. 203 3rd Ave (Hampden) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eugenia Clark,

{Residence, if in Baltimore, Give Street and Number.} 2021 3rd Ave,

Duration of Residence in Baltimore. 17 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Feb 14 1887
AGE	19 years, 11 mont's, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow.
BIRTHPLACE (State or country)	U. S. Co. Md
FULL NAME OF FATHER	Ex F Ray
BIRTHPLACE OF FATHER (State or country)	U. S. Co Md
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Reese

(Address) 203 3rd Ave

Filed 1/25 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23. 1907

I HEREBY CERTIFY, That I attended deceased from Jan 13 1907 to Jan 23 1907 that I last saw her alive on Jan 22 1907 and that death occurred, on the date stated above, at 12 a M. CAUSE OF DEATH (Secondary or Immediate

Old age & Bronchitis

(DURATION) 10 DAYS

Con tributory (Primary.) Bronchitis

(DURATION) 10 DAYS

(Signed) D W Smith M.D.

Address 206-3rd Ave

Date Jan 24th 1907

Place of Burial St Mary's

Date Jan 26 1907

Undertaker A S Mayhugh

Address 3539 Falls Road

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 97540 — Registered No. B 97540

CERTIFICATE OF DEATH.

(Place of Death.) No. 712 — 35th St. — St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Hopkins

{Residence, if in Baltimore, Give Street and Number.} 712 35th Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Oct 16th 1906
AGE	0 years, 3 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Wm. A. Hopkins
BIRTHPLACE OF FATHER (State or country)	Philadelphia
MAIDEN NAME OF MOTHER	Effie Carroll
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Effie Hopkins

(Address) 712 N. 35th St

Filed 1/25 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Oct 16th 1906 to Jan 23rd 1907 that I last saw h[illegible] alive on Jan 23rd 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Capillaries of Lungs

(DURATION) 2 DAYS

Contributory (Primary.) Malnutrition

of Infancy (DURATION) DAYS

(Signed) R. B. Norment M.D.

Address 3343 Chestnut Ave

Date Jan 25 1907

Place of Burial St Mary's

Date Jan 25 1907

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97541

Ward 14 — 97541 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1608 D. Dtile Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lloyd Stewart

{Residence, if in Baltimore, Give Street and Number.} 1608 D. Dtile Ave.

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Afric-Am

DATE OF BIRTH: 1855 1

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Prince George

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Lloyd.

(Address) 1608 D. Dtile ave.

Filed 1/25 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-23 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 1906 to Jan. 23 1907 that I last saw h alive on Jan 16 1907 and that death occurred, on the date stated above, at 1.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) 7 Mos DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) A. Lee Ellis, M.D.

Address 922 Mad. Ave.

Date 1-24 1907

Place of Burial Mt. Auburn Cem

Date January 25, 1907

Undertaker John H. Tradon

Address 142 W Dtile Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 97542 Registered No. B 97542

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles L Bullock

{Residence, if in Baltimore, Give Street and Number.} 1604 Jefferson St

Duration of Residence in Baltimore.. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 10th 1854

AGE 52 years, 6 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER John McCoy Bullock

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Annie Douty

BIRTHPLACE OF MOTHER (State or country) Delaware

OCCUPATION OF DECEASED Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Bullock

(Address) 1604 Jefferson St

Filed 1/25 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pertussis Pulmonale

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Jos L Cummins M.D.

Address Corner Nev

Date Jan 24-07 190

Place of Burial Oak Lawn Cemetery

Date Janry 26th 1907

Undertaker Evans & Spence

Address 118 1/2 W. Mt Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 97543 — Registered No. B 97543

6 6 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Kate Mathews

{Residence, if in Baltimore, Give Street and Number.} 812 Eutaw St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: not known

AGE: about 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: not known

BIRTHPLACE (State or country): not known

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): not known

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): not known

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) North Eastern Patrol

(Address)

Filed 1/25 1907 NANCY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1907

I HEREBY CERTIFY, That I attended deceased from Jan 22 1907 to Jan 23 1907 that I last saw h[illegible] alive on Jan 23 1907 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate

Hemiplegia.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Hammago M.D.

Address St Joseph Hospital

Date Jan 25 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 25 1907 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

9

V

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 97544 Registered No. B 97544

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius Rissing

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH ..... 1.....

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address)

Filed 1/25 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Jan. 12 1907 that I last saw h.. alive on Jan 12 1907 and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Chronic diffuse Nephritis.

Double Lobar Pneumonia

..... (DURATION) 6 DAYS

Contributory (Primary.) Respiratory failure ..... (DURATION) ..... DAYS

(Signed) R R Vonnie M.D.

Address Bay View Hospital

Date Jan. 23 1907

Place of Burial UNIVERSITY OF MARYLAND.

Date Jan 24 1907

Undertaker William H Wooden

Address 1811 Aisquith

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

66

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 97545

97545

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Annie Mullin

{Residence, if in Baltimore, Give Street and Number.} 435 W. Austin St. (OSTEND)

Duration of Residence in Baltimore. 4 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 1/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 12, 1907 to Jan 24, 1907 that I last saw her alive on Jan 24, 1907. and that death occurred, on the date stated above, at 9:00 P. M. CAUSE OF DEATH (Secondary or Immediate

Chronic Bright Disease

1 yr. (DURATION) DAYS

Contributory (Primary.) Cardio heart dilatation (DURATION) 1 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hosp.

Date Jan 24 1907

Place of Burial St Peters Cem.

Date Jan 26. 1907

Undertaker Daniel and Margaret Flynn

Address 42. E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 97546 Registered No. B 97546

CERTIFICATE OF DEATH.

40 V

(Place of Death.) No. 1510 William St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Ellen E Burns

{Residence, if in Baltimore, Give Street and Number.} 1510 William Street

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 26th. 1865.

AGE 41. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Michael Burns

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget McLaughlin

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Burns

(Address) 1510 William St.

Filed 1/25 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1906 to June 24th 1907

that I last saw h[illegible] alive on June 24 1907.

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma of liver

(DURATION) 83 DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date June 24th 1907

Place of Burial Cathedral Cem.

Date Jan. 28. 1907

Undertaker Daniel and Margaret Flynn

Address 42. E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 97547 Registered No. B 97547

40 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2452 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Land

{Residence, if in Baltimore, Give Street and Number.} 2452 Etting St

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem	Col

DATE OF BIRTH 1846

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kruger

(Address) 2452 Etting St

Filed 1/25 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Jan 23 1907 that I last saw h[illegible] alive on Jan 20 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Grippe

(DURATION) 20 DAYS

Contributory (Primary.)

Hepatic Cancer (DURATION) U.K. DAYS

(Signed) Linard E Beach M.D.

Address 837 N Fremont St.

Date Jan 24 1907

Place of Burial Mt Auburn Cem

Date January 25 1907

Undertaker John F H Ehrat

Address 511 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B 97548

92 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Bromwell

{Residence, if in Baltimore, Give Street and Number.} 528 N Caroline St

Duration of Residence in Baltimore. 7,

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	June 17 1856
AGE	50 years, 7 months, 7 days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Ulford Bromwell
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Sarah Bromwell
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Bromwell

(Address) 528 N. Caroline st

Filed 1/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	January 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan 23 1907 to Jan 24 1907

that I last saw h[illegible] alive on Jan 24 1907 3.30

and that death occurred, on the date stated above, at 4 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. MacCallum M.D.

Address Johns Hopkins Hospital

Date Jan 24 1907

Place of Burial Mount Carmel

Date Jan 26 1907

Undertaker Henry Lutz

Address 1009 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

~~97548~~

27 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97549

City of Baltimore, (No. St Francis' Convent St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
Cor Chase St & Forest Place
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jamie Young

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: Mulatto
DATE OF BIRTH: ~~Jan 2~~ Not Known (Month) (Day) 1 (Year)
AGE: 12 years, 3 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED:
BIRTHPLACE (State or country): New York City
FULL NAME OF FATHER: Not Known
BIRTHPLACE OF FATHER (State or country): " "
MAIDEN NAME OF MOTHER: " "
BIRTHPLACE OF MOTHER (State or country): " "
OCCUPATION OF DECEASED: School Girl.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Magdalen, O.P.
(Address) E. Chase St.

Filed 1/25 1907
HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 11, 1907 to Dec 21 1907 that I last saw h alive on Dec 21 1907, and that death occurred, on the date stated above, at 9.10 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Gangrene
following Tuberculosis.
Heart Failure (DURATION) 2 DAYS
Contributory As Stated Above (DURATION) DAYS

(Signed) Mary F Voegtlen M. D.
Jan 24 1907 (Address) 1025 Valley St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death? Days
Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery
DATE OF BURIAL: Jan 25 1907
UNDERTAKER: Edw A Byrne
ADDRESS: 302 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — 97550 — Registered No. B 97549 97550

CERTIFICATE OF DEATH.

(Place of Death.) No. 1610 Mt Royal Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Cornelia Robb Spicker

{Residence, if in Baltimore, Give Street and Number.} 1610 Mt Royal Av

Duration of Residence in Baltimore. Life time (about 50 years)

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Feb 23 1854

AGE 52 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Philadelphia Pa

FULL NAME OF FATHER J W Scott

BIRTHPLACE OF FATHER (State or country) Lancaster Pa

MAIDEN NAME OF MOTHER Mary Robb

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C Alfred Spicker

(Address) 1610 Mt Royal Av

Filed 1/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 24. 1907

I HEREBY CERTIFY, That I attended deceased from 6. A.M. Jan 24 1907 to 9-30 P.M. Jan 24 1907 that I last saw her alive on Jan. 27. 1907 and that death occurred, on the date stated above, at 9-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

Coma -

(DURATION) 17 hrs

Contributory (Primary.)

(DURATION) DATE

(Signed) Alfred Nanstale, M.D.

Address 921 Cathedral St.

Date Jan. 25. 1907

Place of Burial Loudon Park

Date Jany 26th 1907

Undertaker Heidenkamp Bros Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 97551 — Registered No. B [redacted]0

CERTIFICATE OF DEATH. 97551

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leon William Jenkins

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: March 18 1906

AGE: ..... years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 1/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 10th 1906 to Jan 23 1907

that I last saw h[illegible] alive on 11 1907

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fowler M.D.

Address G. E. Biddle

Date Jan 24th 1907

Place of Burial New Cathedral

Date Jan 26th 1907

Undertaker Martin Baker & Lord

Address 406 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 97552 — Registered No. B 97552

CERTIFICATE OF DEATH.

179 V

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Conniger

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. COLOR: W.

DATE OF BIRTH: June 10 1906

AGE: 0 years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) .....

(Address) St. V. I. Asy.

Filed 1/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Jan 12th 1907 to Jan 23rd 1907

that I last saw h alive on " 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

1a Marasmus

(DURATION) 6 8 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fricke M.D.

Address 9. E. Biddle St

Date Jan 24 1907

Place of Burial New Cathedral

Date Jan 26th 1907

Undertaker Martin Fabian & Sons

Address 206 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 97554 Registered No. B 97554

CERTIFICATE OF DEATH.

(Place of Death.) No. 27 Gorsuch ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Frana Wilburger

{Residence, if in Baltimore, Give Street and Number.} 27 Gorsuch avenue

Duration of Residence in Baltimore. 27

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1818

AGE: 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Switzerland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Wilburger

(Address) 27 Gorsuch ave

Filed 1/25 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 24 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw her alive on January 24 1907

and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate

Old age

(DURATION) ... DAYS

Contributory (Primary.) Old age

(DURATION) ... DAYS

(Signed) Thomas Westbrook M.D.

Address 237 Gorsuch ave

Date January 24 1907

Place of Burial St Johns Cemetery Parkton Md

Date January 27 1907

Undertaker Wm Cook

Address 503 E North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97553 Registered No. B 97553

CERTIFICATE OF DEATH.

176

(Place of Death.) Md No. Homeopathic Hospital, Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Thomas

{ Residence, if in Baltimore, Give Street and Number. } 1123 N. Parris alley

Duration of Residence in Baltimore. ..

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1861

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Not known.

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

(Informant) Mrs Wm Thomas

(Address) 23 Parrish

Filed 1/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 24th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Shock, from accidental injuries, in being caught by a falling embankment (DURATION) 3 hrs.

Contributory (Primary.) accident while at work (DURATION) DAY

(Signed) Wm Blackburn M.D.

Address 710 Laf. av. Town

Date Jan. 25th 1907

Place of Burial Mt Auburn Cem

Date Jan 28th 1907

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

To 1123

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 97555 Registered No. B 97555

CERTIFICATE OF DEATH.

(Place of Death.) No. 1945 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Hoteck

{Residence, if in Baltimore, Give Street and Number} 1945 Ramsay

Duration of Residence in Baltimore. 36 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 23rd 1825

AGE: 81 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Evans

(Address) 1945 Ramsay St.

Filed 1/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan 14th 1907 to Jan 24 1907 that I last saw h[er] alive on Jan 23 1907, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Senile Decay

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Grunthal M.D.

Address 612 Lincoln

Date Jan 24 1907

Place of Burial Mount Olivet

Date Jan 26th 1907

Undertaker L. F. McCormick

Address 1729 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W 97556 Registered No. B 97556

CERTIFICATE OF DEATH.

(Place of Death.) No. 1117 Cleveland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nancy D. Starts

{ Residence, if in Baltimore, Give Street and Number. } 1117 Cleveland St.

Duration of Residence in Baltimore. 26 yrs, Kent Co. 69 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 25th 1907 1st 1812

AGE 95 years, — months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John Nicholson

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Gustavus Starts

(Address) 218 S. Fremont Ave

Filed 1/25 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 25th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 23d 1907 to Jan 25th 1907 that I last saw her alive on Jan 24th 1907, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.) Old age (DURATION) — DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard St.

Date Jan. 25th 1907

Place of Burial Chestertown Md

Date Jan 26 1907

Undertaker Wm J. Tuckner & Son

Address Baltimore & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

97557

Ward 22 Registered No. B 97557

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George W Kaylor

{Residence, if in Baltimore, Give Street and Number.} York near Light

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH December 19 1862

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Thomas O. Kaylor

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Sarah E. Crouch

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 1/25 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 16 1907 to Jan 24 1907 that I last saw h- alive on Jan 24 1907, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary) Exhaustion

..... (DURATION) 10 DAYS

(Signed) R R Konig M.D.

Address Bay View Hospital

Date Jan. 24 1907

Place of Burial Mt Olivet Cemetery

Date January 26 1907

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

97558

Registered No. B 97558

CERTIFICATE OF DEATH.

(Place of Death.) No. 1630 Shakespeare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adolph Odachowski

{Residence, if in Baltimore, Give Street and Number.} 1630 Shakespeare

Duration of Residence in Baltimore. 1 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 year 3 months 27 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Russia Poland.

FULL NAME OF FATHER: Adam Odachowski.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Marcyjana Schodowicka

BIRTHPLACE OF MOTHER (State or country): Russia Poland.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Odachowska. her mark

(Address) 1630 Shakespeare St

Filed 1/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1907

I HEREBY CERTIFY, That I attended deceased from Dec 24 1906 to Jan 24 1907 that I last saw h— alive on Jan 24 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Phthisis

(DURATION) 1 Mo DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 615 Bailey

Date Jan 25 1907

Place of Burial Holy Rosary

Date Saturday Jany 26" 1907

Undertaker M F Jadrowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... 97559 Registered No. B 97559

CERTIFICATE OF DEATH.

(Place of Death.) No. 2005 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John William Gray

{ Residence, if in Baltimore, Give Street and Number. } 2805 E. Monument St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Dec. 24 1867

AGE: 39 years, 0 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John T. Gray.

BIRTHPLACE OF FATHER (State or country): Harford Co., Md

MAIDEN NAME OF MOTHER: Mary W. Day.

BIRTHPLACE OF MOTHER (State or country): Harford Co., Md

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Capt. W. Gray.

(Address) 715 W. B'way.

Filed 1/25 1907 ROBERT C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 23d 1907

I HEREBY CERTIFY, That I attended deceased from January 10th 1907 to January 23 1907

that I last saw him alive on January 23 1907,

and that death occurred, on the date stated above, at 1 o'clock P. M. CAUSE OF DEATH (Secondary or Immediate)

Cronic Gastritis and Inanition and Extreme Anemia (DURATION) 13 DAYS

Contributory (Primary.) Acute Gastritis Several weeks before (DURATION) — DAYS

(Signed) Thos. J. Simms M.D.

Address 102 N. Wolfe St.

Date Baltimore January 25 1907

Place of Burial Baltimore Cemetery

Date January 26, 1907

Undertaker Henry W. Means & Son

Address 702 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 Registered No. B 97560

CERTIFICATE OF DEATH.

92 v

(Place of Death.) No. 1122 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beatrice Barnes

{Residence, if in Baltimore, Give Street and Number.} 1122 Orleans Street

Duration of Residence in Baltimore. Since birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH June 7 1906

AGE ..... years, 7 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Marion A. J. Barnes Jr

BIRTHPLACE OF FATHER (State or country) Georgia

MAIDEN NAME OF MOTHER Martha C Taylor

BIRTHPLACE OF MOTHER (State or country) North Carolina

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marion A. J. Barnes Jr

(Address) 1122 Orleans St.

Filed Jan 26 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 24th Jan. 1907

I HEREBY CERTIFY, That I attended deceased from 18 Jan. 1907 to 24th Jan. 1907 that I last saw h[illegible] alive on 24th Jan. 1907, and that death occurred, on the date stated above, at 8.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

..... (DURATION) 7 DAYS

Contributory (Primary.) Exhaustion and cardiac failure (DURATION) 1/2 DAYS

(Signed) C. F. Doyle M.D.

Address 1418 Jefferson St.

Date 25th January 1907.

Place of Burial Asbury Cemetery

Date 26 January 1907

Undertaker E. Bryan

Address 2146 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97561

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97561

City of Baltimore, (No. 443 N. 26th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward J. White

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Wht

DATE OF BIRTH: Dec 23 1893 (Month, Day, Year)

AGE: 13 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Edw J White

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emma Owens

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma White

(Address) 443 N 26th St

Filed 1/26 1907

MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 25 1907 (Month, Day, Year)

I HEREBY CERTIFY, That I attended deceased from Jan 17 1907 to Jan 25 1907 that I last saw him alive on Jan 25 1907, and that death occurred, on the date stated above, at 9:30 a.m. The CAUSE OF DEATH was as follows:

Typhoid Fever (DURATION) 15 DAYS

Contributory Pneumonia (DURATION) 7 DAYS

(Signed) W. A. Farr M. D.

Jan 25 1907 (Address) 12 E 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Jan 28th 1907

UNDERTAKER: A F Philbin — ADDRESS: 1711 Aliceanna

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97562

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97562

City of Baltimore, (No. 508 Short St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. Frederick Allen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 14 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm F Allen

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emma Ridgway

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm F Allen Sr

(Address) 508 Short St

Filed 1/26 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 23d (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 12th 1907 to Jany 23d 1907

that I last saw h[im] alive on Jany 23d 1907,

and that death occurred, on the date stated above, at 12.20 P. M. The CAUSE OF DEATH was as follows:

Cardiac Hypertrophy
Valvular Disease of Heart

(DURATION) ..... DAYS

Contributory Articular Rheumatism

(DURATION) ..... DAYS

(Signed) W. Winsey M. D.

Jany 25 1907 (Address) 1220 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Lamar

DATE OF BURIAL: Jan 26th 1907

UNDERTAKER: Wm J. G. Jackson

ADDRESS: 1421 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97563

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120 V

CERTIFICATE OF DEATH.

Registered No. B 97563

City of Baltimore, (No. 1138 1138 N. Fulton Ave.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jane Algie Higgins

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Jany 25 1907
(Month) (Day) (Year)

AGE 5-1 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Alexander J White

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Matilda Algie

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A H Lanston M.D

(Address) 1136 W. Lanvale St

Filed 1/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 25 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1906 to Jany 24 11 30 PM 1907

that I last saw h er alive on Jany 24 1907

and that death occurred, on the date stated above, at 7 30 A.M. The CAUSE OF DEATH was as follows:

Acute Bronchitis resulting from Grippe La Grippe March 1906; one month developing Chr. Bronchitis, Complicated later by Bright disease (DURATION) DAYS

Contributory (Immediate Albuminuria and Coma (partial) (DURATION) 14 DAYS

(Signed) A H Lanston M.D.

Jan 25 1907 (Address) A H Lanston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents. 1136 W. Lanvale St.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL New Cathedral Cem

DATE OF BURIAL Jan. 28 1907

UNDERTAKER Chas E. Fraser

ADDRESS 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause

Ward 22 — 97564 — Registered No. B 97564

CERTIFICATE OF DEATH.

(Place of Death.) No. 1518 Hanover St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Ramenap

{Residence, if in Baltimore, Give Street and Number.} 1518 Hanover St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Sept 29 — 1883

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Nicholas Rümmap

BIRTHPLACE OF FATHER (State or country): Hanover Germany

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Chris N Rummap

(Address) 1518 Hanover St.

Filed 1/26 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 18 1906 to Jan 24 1906

that I last saw h[er] alive on Jan 24 1907

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 3 Mos DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Henry Guss M.D.

Address 1340 E Chase St

Date Jan 26th 1906

Place of Burial Loudon Park Cemetery

Date Jan 28 1906

Undertaker J Shriver & Co

Address 254 N Eutaw St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the

Ward 7

97565 Registered No. B 97565

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 W. Hamburg St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margarete Schutt Bracker

{ Residence, if in Baltimore, Give Street and Number. } 622 W. Hamburg st

Duration of Residence in Baltimore. All — 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 18 1829

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Wolf

(Address) 1807 Frederick Ave.

Filed 1/26 1907

HENRY O. DULANY, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1907 to Jan 24th 1907

that I last saw her alive on Jan 24th 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophy of Heart and Old Age

about 6 months (DURATION) ..... DAYS

Contributory (Primary.) Prostration (DURATION) 2 DAYS

(Signed) Chas L. Suddenborough M.D.

Address 918 St Paul st.

Date Jan 25th 1907

Place of Burial Western cemetery

Date Jan 27 1907

Undertaker Mrs Geo P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 97566 — Registered No. B 97566

CERTIFICATE OF DEATH.

(Place of Death.) No. 1645 Belr ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Annie M. Myers

{Residence, if in Baltimore, Give Street and Number.} 1405 Stockholm St

Duration of Residence in Baltimore. 10 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Herman Shifler

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Matilda Stewart

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Shifler

(Address) 1645 Belr ave

Filed 1/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 1907

I HEREBY CERTIFY, That I attended deceased from Jan 3 1907 to Jan 25 1907 that I last saw her alive on Jan 25 1907 and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate.)

Anasarca and

Gradual heart failure

(DURATION) DAYS

Con'tributory (Primary.) Chronic

nephritis (DURATION) DAYS

(Signed) W. H. Shifler M.D.

Address 1409 Light St

Date Jan 25 1907

Place of Burial Baltimore Cemetery

Date Jan 28th 1907

Undertaker Josiah Depew

Address 1600 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

97567

Registered No. B 97567

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Carroll

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W.

DATE OF BIRTH: June 17th 1832

AGE: 74 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Carroll

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Ellen Joyce

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 1/26 1907 HARRY C. AHRENS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan: 25th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h was alive on Jany 25 1907,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

3 weeks (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. A. Warner, M.D.

Address 1133 Valley st

Date Jany 25 1907

Place of Burial Belair Md.

Date January 26th 1907

Undertaker Wm B Brothers

Address 231 S. Stricker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

97568

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97568

City of Baltimore, (No. 2129 Jefferson Place St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ross Cleland McBurney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 25th (Day) 1869 (Year)

AGE: 37 years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Allegheny, Pa

FULL NAME OF FATHER: Louis McBurney

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Sarah E. Smith

BIRTHPLACE OF MOTHER (State or country): Allegheny Pa

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Louis McBurney

(Address) 2129 Jefferson Place

Filed 1/26 1907

HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 23 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 15 1907 to Jany 23 1907

that I last saw h[im] alive on Jany 22 1907,

and that death occurred, on the date stated above, at 11 30 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 2 Years

Contributory Exhaustion

(DURATION) 1 week

(Signed) Thomas J. Talbot M.D.

Jany 26 1907 (Address) 2505 Penna Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	Jan 26 1907
UNDERTAKER	ADDRESS
Geo J Smith & Co	W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 97569 — Registered No. B 97569

CERTIFICATE OF DEATH.

27 r

(Place of Death.) No. 1009 N. Caroline St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Noland Crawford

{Residence, if in Baltimore, Give Street and Number.} 1009 N. Caroline St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Nov. 22 1833

AGE: 73 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Robert L. Crawford

BIRTHPLACE OF FATHER (State or country): Hartford Co Md

MAIDEN NAME OF MOTHER: Hannah M. Crawford

BIRTHPLACE OF MOTHER (State or country): Cecil Co- Md.

OCCUPATION OF DECEASED: Private Clerk (Retired)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert C. Crawford M.D.

(Address) 2026 N. Cap'l. Washington

Filed 1/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 — 1907

I HEREBY CERTIFY, That I attended deceased from 1893 190 to Jan 24 1907

that I last saw him alive on Jan 23 1907,

and that death occurred, on the date stated above, at 7.40 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

Arterio-sclerosis with involvement of heart muscle

7 (DURATION) — DAYS

Contributory (Primary.) a

(DURATION) DAYS

(Signed) Albert C. Crawford M.D.

Address 2026 N. Capitol Washington D.C.

Date Jan 24 1907

Place of Burial Greenmount Cem

Date Jan 26 1907

Undertaker George J Smith & Co

Address 1000 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97570

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97570

City of Baltimore, (No. 4516 Park Heights Ave South of Kate Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louise V. Dushane.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female.

COLOR: White

DATE OF BIRTH: Mch 28 1843 (Month) (Day) (Year)

AGE: 63 years, 9 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Jas. H. Magrath

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Do not know

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise V. Dushane.

(Address) Park Heights & Rogers Ave.

Filed 1/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 27 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to January 27 1907.

that I last saw her alive on Jan 22 1907.

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Cancer of the Stomach

(DURATION) DAYS

Contributory Hemorrhage Exhaustion (DURATION) 7 DAYS

(Signed) R. V. D. Coxe M.D. M. D.

Jan 27 1907 (Address) Arlington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 7 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount. Cem. DATE OF BURIAL: Jan 25 1907

UNDERTAKER: Geo. J. Smith & Co ADDRESS 1000 N. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 97571 — Registered No. B 97571

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Univ of Maryland Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas A. Hershberger

{Residence, if in Baltimore, Give Street and Number.} 379 N. Lanvale

Duration of Residence in Baltimore. Few days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED R.R. conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Smith

(Address) Cumberland Md

Filed 1/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25th 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lightner Coroner M.D.

Address 711 W. Lanvale

Date Balto. Jan 26th 1907

Place of Burial Parkersburg W. Va

Date January 27 1907

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

97572 Registered No. B 97572

CERTIFICATE OF DEATH.

271

(Place of Death.) No. 1127 Penna Ave - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida E. Adkins

{Residence, if in Baltimore, Give Street and Number.} 1127 Penna Ave.

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 28 1858

AGE: 48 years — months — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Robert Hitch

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Nancy Hearn

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. L. Adkins

(Address) 516 W Saratoga St

Filed 1/26 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 25th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 21st 1907 to Jan 25th 1907 that I last saw h-er alive on Jan 25th 1907, and that death occurred, on the date stated above, at 10.15 A-M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Pulmonary

(DURATION) 3 DAYS

Contributory (Primary)

Exhaustion (DURATION) 1 DAYS

(Signed) Robt. J. Murray M.D. M.D.

Address 510 N. Fremont Ave.

Date January 25 1907

Place of Burial Sandtown Md

Date Jany 26 1907

Undertaker Robt J Turner

Address Gay, Saliver

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

Registered No. B 97574

97574

CERTIFICATE OF DEATH.

(Place of Death.) No. 748 Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Herbert Earl Buckner

{Residence, if in Baltimore, Give Street and Number.} 748 Raborg St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: C

DATE OF BIRTH: Dec — 1904

AGE: 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing L

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Isaac Buckner

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Lucy Boyer

BIRTHPLACE OF MOTHER (State or country): Ind.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucenda Buckner

(Address) 748 Raborg St

Filed 1/26 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

several (DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Patrick J Martin M.D.

Address 1002 W Lafayette Ave

Date Jan 25 1907

Place of Burial Int Auburn Cemetery

Date Jan 26 1907

Undertaker Geo H Hooper

Address 609 Little Pacart

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

97573 Registered No. B 97573

CERTIFICATE OF DEATH.

164 r

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin F. Russell

{Residence, if in Baltimore, Give Street and Number.} 1339½ Eutaw St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 11 1855

AGE 51 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo. W. Russell

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Grace Robertson

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Retired Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Chas W Worden

(Address 1339 Eutaw St.

Filed 1/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 — 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull from Fall. (Acc)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred'k Carmine M.D.

Address Corner Nash

Date June 25 — 1907

Place of Burial Bald Friars Cemetery

Date June 28 1907

Undertaker Robert Turnish

Address 9 Bway, Fells

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 97575 — Registered No. B 97575

CERTIFICATE OF DEATH.

81 1

(Place of Death.) No. 1345 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elizabeth Boyd Sawn

{Residence, if in Baltimore, Give Street and Number.} 1345 N. Carey St.

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Earl Fowler

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Bowen

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bir

(Address) 1345 N. Carey

Filed 1/26 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 14 1907 to Jan. 24 1907

that I last saw h[illegible] alive on Jan 23 1907

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

DURATION 10 Days

Contributory (Primary) Arterio Sclerosis.

Constipation Hardwork DURATION [illegible]

(Signed) Wm. H. Myers M.D.

Address 1373 N. Carey St

Date January 24 1907

Place of Burial Mt Pleasant

Date Jan 26 1907

Undertaker Wm. J. Myers

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

97576

Registered No. B 97576

81 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 811 w North ave

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas. G. Reynolds

{Residence, if in Baltimore, Give Street and Number.} 811 W. North ave

Duration of Residence in Baltimore. 2 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 14th 1836

AGE: 70 years, 11 months, 11 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: Robert W Reynolds

BIRTHPLACE OF FATHER (State or country): Del

MAIDEN NAME OF MOTHER: Sarah. G. Manvel

BIRTHPLACE OF MOTHER (State or country): Del

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. T. G. Reynolds.

(Address) 811 W. North ave

Filed 1/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 25th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 14th 1907 to Jan. 25th 1907 that I last saw h[illegible] alive on Jan. 25th 1907 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bulbar Poralysis

(DURATION) 11 DAYS

Con'ributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) Eugene Daughaday M.D.

Address 830 N. North ave

Date Jan - 25th 1907

Place of Burial Loudon Park Cemetery

Date Jan 27 1907

Undertaker Stewart & Mowen Co.

Address 215 & 217 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 V

97577 Registered No. B 97577

CERTIFICATE OF DEATH.

67 V

(Place of Death.) No. 310 Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Lloyd

{ Residence, if in Baltimore, Give Street and Number. } 310 Sharp St

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH May — 1876

AGE 31 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER William Lloyd

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Louisa Arthur

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Johnson

(Address) 310 S Sharp St

Filed 1/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11 1907 to Jan 24 1907 that I last saw h[im] alive on Jan 24 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paresis My convulsions

(DURATION) (?) DAYS

Contributory (Primary.) Meningitis

(DURATION) (?) DAYS

(Signed) H S McCeard M.D.

Address 136 W Hill St

Date Jan 25 1907

Place of Burial Mt. Zion Cem.

Date January 26 1907

Undertaker John H. Tophin

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 97578 — Registered No. B 97578

196 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore Peark Hommy Co. Howard & Oistead Sts St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M. Robinson

{Residence, if in Baltimore, Give Street and Number.} 523 N Gois St.

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: January 11 1883

AGE: 24 years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Kent Island Md

FULL NAME OF FATHER: John H Robinson 6.

BIRTHPLACE OF FATHER (State or country): Kent Island Md

MAIDEN NAME OF MOTHER: Alverta Brown 6.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Brown 6 (sister)

(Address) 523 N Gois St

Filed 1/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 24 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190— to ——— 190—

that I last saw ——— alive on ——— 190—

and that death occurred, on the date stated above, at 2.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Decapitated by machinery at the above plant.

Accidental death (DURATION) DAYS

Contributory (Primary.) ——— (DURATION) DAYS

(Signed) Otto McFarland Coroner

Address ———

Date January 26 1907

Place of Burial Mt Auburn

Date Jan 27 1907

Undertaker Jno L. Bradwin

Address 142 Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97579

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 97579

Registered No. B.....

City of Baltimore, (No. 1005 Ridgely St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Katherine F Kost

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 11th (Day) 1828 (Year)

AGE: 78 years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. A. Kost

(Address) 1005 Ridgely

Filed Jan 26 1907

HARRY C. [illegible]
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 24th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from about Jan 20th 1907 to Jan 24th 1907

that I last saw her alive on Jan 23rd 1907,

and that death occurred, on the date stated above, at 2.20 P. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 4 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) W. F. Hill M. D.

Jan 25th 1907 (Address) 1001 E Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Jan 27 1907

UNDERTAKER: Geo. Weber | ADDRESS: 1153 N. Carey

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

20

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93K

CERTIFICATE OF DEATH. 97580

Registered No. B

City of Baltimore, (No. 850, Carroll St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Philip Flock

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month, Day, Year)	November 16 1906
AGE	— years, 2 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	William Flock
BIRTHPLACE OF FATHER (State or country)	Howard Co Md
MAIDEN NAME OF MOTHER	Lena Ames
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Flock

(Address) 850 Carroll St

Filed 1/26 1907 HARRY O. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1907 (Month, Day, Year)

I HEREBY CERTIFY, That I attended deceased from Jan 22 1907 to January 26 1907 that I last saw him alive on Jan 24 1907, and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Cramps Pneumonia

(DURATION) 4 DAYS

Contributory General Asthenia

(DURATION) Life

(Signed) Howard W Jones M. D.

Jan 26 1907 (Address) Irvington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? 1

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan: 27 1907
UNDERTAKER C. W. Dill	ADDRESS 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 27 V 97581 Registered No. B 97581

CERTIFICATE OF DEATH.

(Place of Death.) No. 309 S Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Lee Frederick

{Residence, if in Baltimore, Give Street and Number.} 309 S Sharp St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: June 11 1860 1

AGE: 46 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Co. Md.

FULL NAME OF FATHER: Jacob Frederick

BIRTHPLACE OF FATHER (State or country): Baltimore Co. Md.

MAIDEN NAME OF MOTHER: Sarah Garrett

BIRTHPLACE OF MOTHER (State or country): Baltimore Co. Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John N. Frederick

(Address) Violetville Md.

Filed 1/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan 16 1907 to Jan 24 1907 that I last saw him alive on Jan 24 1907 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo A Straus M.D.

Address 420 Hamburg

Date Jan 25 1907

Place of Burial Loudon Park Cemetery

Date January 28 1907 190

Undertaker Armstrong Delany Co.

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 97582 — Registered No. B 97582

CERTIFICATE OF DEATH.

(Place of Death.) No. 311 S Smallwood St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Magdalene Schmitt

{Residence, if in Baltimore, Give Street and Number.} 311 S. Smallwood st.

Duration of Residence in Baltimore. 31 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 17 1849

AGE: 57 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Peter Sacks

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Magdalena Sacks

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Home Life

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 4 Daughters

(Address) 311 S Smallwood St

Filed 1/26 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 25th 1907

I HEREBY CERTIFY, That I attended deceased from Apl 18th 1906 to Jany 25th 1907

that I last saw her alive on Jany 24th 1907

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cestheria

(DURATION) DAYS

Contributory (Primary) Pulmonary tuberculosis

(DURATION) 300 DAYS

(Signed) E-a. Knott M.D.

Address 1727 W. Lanvale st.

Date Jany 25th 1907

Place of Burial New Cathedral

Date Jan 29 " 1907

Undertaker N S Finck

Address 2113 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97583 Registered No. B 97583

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 967 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lloyd Fowler

{Residence, if in Baltimore, Give Street and Number.} 967 Pierce St

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col'd

DATE OF BIRTH 1

AGE 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER Dennis Fowler

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jane Holland

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Fowler.

(Address) 967 Pierce St.

Filed 1/26 1907

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan 19 1907 to Jan 24 1907

that I last saw h alive on Jan 24 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

1 Yr (DURATION) DAYS

Contributory (Primary.) Anthrax

2 Days (DURATION) DAYS

(Signed) J Howard M.D.

Address 737 N Fayette

Date Jan 24 1907

Place of Burial Ft Auburn Cemetery

Date January 27th 1907

Undertaker Felix Pye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

97584

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97584

City of Baltimore, (No. 503 Oxford st., St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charity Jamison

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Richard Jamison.

BIRTHPLACE OF FATHER (State or country): Virginia.

MAIDEN NAME OF MOTHER: Charity Bond

BIRTHPLACE OF MOTHER (State or country): Md!

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charity Boon

(Address) 503 Oxford st.

Filed 1/26 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 13 1907 to Jan 25 1907 that I last saw h alive on Jan 24 1907, and that death occurred, on the date stated above, at 12.10 a. m. The CAUSE OF DEATH was as follows:

General Peritonitis (Tubercular) & acute Nephritis

two or three months (DURATION) DAYS

Contributory Cardiac weakness

about ten days (DURATION) DAYS

(Signed) C. M. Cook M. D.

Jan 26 1907 (Address) 1101 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters Cemetery | DATE OF BURIAL: January 28th 1907

UNDERTAKER: Felix B Pye. | ADDRESS: 102 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

97585 Registered No. B 97585

176

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~636~~ Municipality Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant Susie Knock

{Residence, if in Baltimore, Give Street and Number.} 636 Vine St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Jan. 24 1907

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Samuel Knock

BIRTHPLACE OF FATHER (State or country) N. Carolina

MAIDEN NAME OF MOTHER Susie Upchurch

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Knock.

(Address) 636 Vine st.

Filed 1/26 1907 HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1907

I HEREBY CERTIFY, That I attended deceased from Jan 24 1907 to Jan 26 1907 that I last saw her alive on Jan 26 1907, and that death occurred, on the date stated above, at 12:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Probable Cerebral Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary) Prolonged Labor.

..... (DURATION) ..... DAYS

(Signed) R. O. Dees M.D.

Address 622 W. Lombard St.

Date Jan 26 1907

Place of Burial Mt Auburn Cemetery

Date January 26-th 1907

Undertaker Felix B Pyc

Address 1026 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE. 97586

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19 V

CERTIFICATE OF DEATH.

97586

Registered No. B .....

City of Baltimore, (No. 916 N. Fremont Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Amelia R. McElwayne

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Mitchale Russell

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Elizabeth Nichol

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Archabald McElwayne

(Address) 916 N. Fremont Ave

Filed 1/26 1907 J.E.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1906 to Jan. 25 1907 that I last saw h.. alive on Jan. 25 1907, and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Organic Heart Disease

..... (DURATION) 2 DAYS

Contributory Ac. Nephritis

..... (DURATION) ..... DAYS

(Signed) Lewis A. Palmer M. D.

Jan. 26 1907 (Address) 921 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cem.

DATE OF BURIAL: Jan 28. 1907

UNDERTAKER: Wm Cook

ADDRESS: 926 E. North Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore 9758

Ward 11

Registered No. B 9758

CERTIFICATE OF DEATH. 9758

(Place of Death.) No. City Hospital St. If Death occurred in Hospital or Institution Give its Name Instead of Street and No.

Full Name Jennie Awby

{ Residence, if in Baltimore, Give Street and Number. } 406 W Hoffman St.

Duration of Residence in Baltimore. 33 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR Col.
DATE OF BIRTH 1	
AGE 34 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	W
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Arthur Starks
BIRTHPLACE OF FATHER (State or country)	West River Md
MAIDEN NAME OF MOTHER	Nannie Sinns
BIRTHPLACE OF MOTHER (State or country)	West River Md
OCCUPATION OF DECEASED	Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Sinns

(Address) 406 W Hofmann

Filed 1/26 1907

Registrar J E S

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 27th 19

I HEREBY CERTIFY, That I attended deceased Jan. 4 1907 to Jan. 24 1907 that I last saw her alive on Jan 27 1907 and that death occurred, on the date stated above at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

Pleurisy (DURATION)

Contributory (Primary) Malignant Endocarditis (DURATION)

(Signed) W. A. Sobey.

Address City Hospital

Date January 26 07

Place of Burial Laurel Cem

Date Jan 27th 1907

Undertaker Abel Hemsley

Address 5780 Riadale St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97588

City of Baltimore, (No. 1123 Riggs Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob Lutzky

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Nathan Lutzky

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Jacobs

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Lewis

(Address) 1123 Riggs Ave

Filed Jan 27th 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 23 1907 to Jan 25 1907 that I last saw him alive on Jan 25 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis
(for about Two months ago)
about 1½ years (DURATION) ..... DAYS

Contributory Pulmonary Hemorrhage
(DURATION) 4 DAYS

(Signed) David J. Smith M. D.

Jan 25 1907 (Address) 1126 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philip Rd Rosedale	Jan 27 1907
UNDERTAKER	ADDRESS
Mrs Levinson	113 E Lexington St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 97589

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Brenner

{ Residence, if in Baltimore, Give Street and Number. } 604 N Asquith St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 21 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Harry Brenner

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lea Nemitsky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Bishotsky

(Address) 604 N Asquith st

Filed Jan 27 1907

HARRY C. ANDREWS, REGISTER OF WILLS. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1906 to Jan 25 1907 that I last saw h[illegible] alive on Jan 25 1907, and that death occurred, on the date stated above, at 2 30 M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E S P Richardson M.D.

Address Johns Hopkins Hosp

Date Jan 25 1907

Place of Burial Philips Rd Rose Dale

Date Jan 27 1907

Undertaker Mat Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 97590 Registered No. B 97590

CERTIFICATE OF DEATH.

28 V

(Place of Death.) No. 703 W. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mark Hagan

{Residence, if in Baltimore, Give Street and Number.} 703 W. Calvert St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Dec. 15 1844

AGE: 62 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Owen J. Hagen

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Sherry.

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Detective

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary A. Hagan

(Address) 703 W. Calvert St.

Filed Jan. 29 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 16th 1907 to Jan 25th 1907 that I last saw h[illegible] alive on Jan 25th 1907, and that death occurred, on the date stated above, at 7 a.m.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 11 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 2 DAYS

(Signed) Edward Blackmer M.D.

Address Dr Annapolis

Date June 26 1907

Place of Burial Cathedral Cemetery

Date January 28, 1907

Undertaker H. W. Means & Son

Address 705 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. B 16926

CERTIFICATE OF DEATH.

42 V

(Place of Death.) No. Mt Hamors Hospital 1122 N Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Maggie George.

{Residence, if in Baltimore, Give Street and Number.} 705 N Carey St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 29 1852

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Stephen F. George

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Margaret L. Shamburg

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret L George

(Address) 705 N. Carey St

Filed

Jan 27 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan - 25 - 1907

I HEREBY CERTIFY, That I attended deceased from Jan 21 - 1907 to Jan - 25 - 1907

that I last saw h alive on Jan 25 - 1907

and that death occurred, on the date stated above, at 3 40 P M.

CAUSE OF DEATH (Secondary or Immediate.)

Hemmorhage

(DURATION) 1 DAYS

Con'ributory (Primary.) Sarcoma of Uterus (DURATION) 365 DAYS

(Signed) M. W. Shook M.D.

Address Mt Hamors Hospital

Date Jan - 25 - 1907

Place of Burial Baltimore ~~Burial~~ Cemetery

Date Jan 28 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Removed to - 705 N. Carey

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

97592

Registered No. B 97592

CERTIFICATE OF DEATH.

(Place of Death.) No. 232 Rock St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas M. Sheran

{Residence, if in Baltimore, Give Street and Number.} 232 Rock St

Duration of Residence in Baltimore. Fifty.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Aug 12 1873

AGE 33 years, 5 months, 14 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Matthew Sheran

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine McSweeney

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Horse Shoer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary E. Sheran

(Address) 232 Rock St

Filed Jan 27 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Jan 26th 1907

that I last saw him alive on Jan 25th 1907,

and that death occurred, on the date stated above, at 4 a m.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Asthenia.

about 2 years.
(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date Jan 26th 1907

Place of Burial New Cathedral

Date Jan 27 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

97593

Registered No. B 97593

CERTIFICATE OF DEATH.

(Place of Death.) No. 1703 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Stateman

{Residence, if in Baltimore, Give Street and Number.} 1703 Pierce st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: Dec 1st 1885

AGE: 21 years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Chas Stateman

BIRTHPLACE OF FATHER (State or country): Tenn.

MAIDEN NAME OF MOTHER: Maggie Bones.

BIRTHPLACE OF MOTHER (State or country): Chas. Co Md.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) his Aunt

(Address) 1703 Pierce st.

Filed Jany 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 24th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1907 to Jan 24th 1907

that I last saw h[illegible] alive on Jan 24th 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis (DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Link M.D.

Address 1313 N. North Ave

Date Jan 25th 1907

Place of Burial Mt Auburn Cem

Date January 28 1907

Undertaker Jos B. Cook

Address 1003 N. Ballo St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. B 94594

91V

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anne Thornton (Thornton)

{Residence, if in Baltimore, Give Street and Number.} Locust Point

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: — — 1830

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Joseph King

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Anne Connelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed

Jany 29 1907 HENRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 25th 1907

I HEREBY CERTIFY, That I attended deceased from No Record 190 to 190

that I last saw her alive on Jany 24 1907

and that death occurred, on the date stated above, at 8.30 p.m. CAUSE OF DEATH (Secondary or Immediate)

Chronic bronchitis

3 months in bed (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley

Date Jany 26 1907

Place of Burial St. Peters Cem

Date January 28 1907

Undertaker Joseph B Cook

Address 1002 1/2 E. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

Registered No. B 97505

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. 1373 N Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Gumby

{Residence, if in Baltimore, Give Street and Number.} 1373 N Calhoun St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Basil Crowdy

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Louisa Brown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie E. Gumby (Nephew)

(Address) 1373 N. Calhoun St.

Filed Jan 27 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Jan 24 1907

that I last saw her alive on Jan 24 1907

and that death occurred, on the date stated above, at 1-2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Croupous Pneumonia (DURATION) 4 DAYS

(Signed) John L Huck M.D.

Address 647 W Lombard

Date Jan 26 1907

Place of Burial Mt. Auburn Cem

Date January 27 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...EALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 97596

CERTIFICATE OF DEATH.

931

(Place of Death.) No. 620 S. Eutaw St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hilda M. E. Ayers

{Residence, if in Baltimore, Give Street and Number.} 620 S. Eutaw St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Benj. Ayers

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Ana Willis

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. Ayers

(Address) 620 S. Eutaw

Filed Jan 27 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 1907

I HEREBY CERTIFY, That I attended deceased from Jan 19 1907 to Jan 26 1907

that I last saw her alive on Jan 25 1907

and that death occurred, on the date stated above, at 5.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) J H Power M.D.

Address #1125 Druid Pl

Date Jan 26 1907

Place of Burial Mt Auburn Hebrew Cem

Date Jan 28 1907

Undertaker Geo H. Troadvec

Address 142 W Fitz St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 97597 — Registered No. B 97597

CERTIFICATE OF DEATH.

Place of Death.) No. 437 N. Front St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Tilroy

{Residence, if in Baltimore, Give Street and Number.} 437 N. Front St.

Duration of Residence in Baltimore. 45 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1837

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Tilroy

(Address) 437 N Front St

Filed January 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 25 1907

I HEREBY CERTIFY, That I attended deceased from Jan 19 1907 to Jan 23 1907

that I last saw h.. alive on Jan 23 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Fall upon ice (accidental)

(DURATION) DAYS

(Signed) Walter D. Stone M.D.

Address Baltimore City Hospital

Date Jany 28 1907

Place of Burial St Peter's Cemetery

Date January 28 1907

Undertaker Edw A Byrne

Address 302 N Gay St.

Investigation, O.K. B. S. Hayden, Coroner

WM. J. C. DU... CO...

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 97598 — Registered No. B 97598

CERTIFICATE OF DEATH.

1191 V

(Place of Death.) No. 814 Ensor St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Maloney

{Residence, if in Baltimore, Give Street and Number.} 814 Ensor St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W

DATE OF BIRTH 1

AGE 28 years, ... months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Maloney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget O'Brien

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Hopkins

(Address) 814 Ensor St

Filed Jan 29 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 945 a M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis (Secondary)

... (DURATION) ... DAYS

Contributory (Primary.)

... (DURATION) ... DAYS

(Signed) Jos H K Cannon M.D.

Address Coroners Office

Date Jan 26 - 07 190

Place of Burial Holy Cross

Date Jan 28 1907

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 97599 — Registered No. B 97599

CERTIFICATE OF DEATH.

Place of Death.) No. St Joseph Hospital St. — If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name Mamie Stuber

{ Residence, if in Baltimore, Give Street and Number. } 1618 N. Dallas

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W

DATE OF BIRTH Sept 15-1872

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Phila - Pa

FULL NAME OF FATHER Jacob Tillman

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Emma J. Torrence

BIRTHPLACE OF MOTHER (State or country) Berlin N.J.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Jan 27 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ...

that I last saw h ... alive on ..... 190 ...

and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate

Septicemia after abortion self procured (DURATION) DAYS

Contributory (Primary.) ..... (DURATION) DAYS

(Signed) Fred Carnes M.D.

Address Coroners Office

Date June 26 1907

Place of Burial Mount Carmel

Date January 28, 1907

Undertaker Edw. J. Fanning

Address 1938 E. Lafayette ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

97600

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97600

City of Baltimore, (No. 2462, York Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George N. Shields

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Feby 4 1840 (Month) (Day) (Year)	
AGE: 66 years, 11 months, 22 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Balto. City. Md.	
FULL NAME OF FATHER: John J. Shields	
BIRTHPLACE OF FATHER (State or country): Balto City Md.	
MAIDEN NAME OF MOTHER: Mary T Gigous	
BIRTHPLACE OF MOTHER (State or country): Balto. City Md.	
OCCUPATION OF DECEASED: Bank. Watchman	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard B Shields

(Address) Severn P. O. County Md

Filed Jan 27 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany. (Month) 26th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 19th 1907 to January 26th 1907 that I last saw him alive on Jany. 25th 1907, and that death occurred, on the date stated above, at 7.50 A. M. The CAUSE OF DEATH was as follows:

Apoplexy with Hemiplegia Right Side & paralysis of Speech - Exhaustion & Syncope

(DURATION) 7 DAYS

Contributory Arterial Sclerosis

(DURATION) DAYS

(Signed) William J. Pillsbury M. D.

Jany 26th 1907 (Address) 2801 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Jan 28 1907
UNDERTAKER	ADDRESS
Geo. J. Smith & Co	E. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 97601 — Registered No. B 97601

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. 804 E Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cora Meyers

{Residence, if in Baltimore, Give Street and Number.} 804 E Fort ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 12 1889.

AGE 17. years, 11 months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Phillip Myers

BIRTHPLACE OF FATHER (State or country) Baltimore County

MAIDEN NAME OF MOTHER Mary V. Gregory

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Ada S. Myers

(Address) 804 E. Fort Ave

Filed Jan 29 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25th 1907

I HEREBY CERTIFY, That I attended deceased from January 8 1907 to Jan 25th 1907

that I last saw h er alive on Jan 25th 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Epileptic seizures (DURATION) 14 DAYS

(Signed) J. P. O'Donnell M.D.

Address 1340 S. Charles St

Date January 29th 1907

Place of Burial Cedar Hill Cem.

Date Jan 28. 1907.

Undertaker Daniels and Morgan & Flynn

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97602

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97602

City of Baltimore, (No. 105, Broad All. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lena Sukolsky

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: White

DATE OF BIRTH: ~ (Month) ~ (Day) 1903 (Year)

AGE: 4 years, 4 months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Morris Sukolsky

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ida Sandler

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Sukolsky

(Address) 105 Broad All.

Filed Jan 27 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1 (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1/26 1907 to 1/27 1907

that I last saw h 21 alive on 1/26 1907,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) DAYS

Contributory Cardiac Asthenia

(DURATION) DAYS

(Signed) F. C. Kathoff M. D.

1/27 1907 (Address) 116 Aisquith St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philips Rd Thos Dale	Jan 27 1907
UNDERTAKER	ADDRESS
Max Levinson	113 E Low St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97603

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97603

City of Baltimore, (No. 775½ W. Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Georgianna Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 50
.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Coats

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Jackson

(Address) 775½ W Mulberry St

Filed Jan 29 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 22nd 1907 to Jan 25th 1907

that I last saw her alive on Jan 24th 1907,

and that death occurred, on the date stated above, at 1.00 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 2 DAYS

Contributory Cerebral Abscess

(DURATION) about 24 DAYS

(Signed) Geo. W. Lauenstaedt M. D.

Jan 25th 1907 (Address) 635 Washington St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 27 1907
UNDERTAKER	ADDRESS
Howard Finland	110 N. Schroeder

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

97604

Ward 16 — 97604 — Registered No. B

CERTIFICATE OF DEATH.

1547

(Place of Death.) No. 1107 Parrish Alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby Hamptom

{ Residence, if in Baltimore, Give Street and Number. } 1107 Parrish alley

Duration of Residence in Baltimore. 1 day.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: Jan. 24 - 1907

AGE: ..... years, ... months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: James Hamplon

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Abbie Tolliver

BIRTHPLACE OF MOTHER (State or country): Westmorland Co. Va.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abbie Tolliver

(Address) 1107 Parrish al.

Filed 1/27/ 1907 HARRY P. ROBERTS, M.D., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 25 1907

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to — 190..

that I last saw him alive on Jan 25 1907,

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage - from the umbilicus

(DURATION) 1/2 DAY

Contributory (Primary.) Lack of proper medical attention (DURATION) — DAYS

(Signed) Albert L. Sander M.D.

Address 1113 N. Gilmor St.

Date January 26 1907

Place of Burial Mt Auburn

Date Jan 27 1907

Undertaker [illegible]

Address 614 E. Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. B 97605

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 W. Lombard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Wallace.

{ Residence, if in Baltimore, Give Street and Number. } 320 Ramsay St

Duration of Residence in Baltimore. One day.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Jan 26th 1907

AGE: ..... years, ... months, One days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: John E. Wallace

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ella Trimble

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Farley

(Address) 320 Ramsay St. Entered

Filed Jan 28 1907

H. C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 27th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 26 1907 to Jan 27 1907 that I last saw h-er alive on Jan 27 1907, and that death occurred, on the date stated above, at 430 A.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) One DAYS

Contributory (Primary.) Premature birth

Seven Months gestation (DURATION) DAYS

(Signed) Wm E. Evans. M.D.

Address 622 W. Lombard St.

Date Jan 27th 1907

Place of Burial New Cathedral

Date Jan 28th 1907

Undertaker N. S. Finch

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. B 97606

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Wallace

{ Residence, if in Baltimore, Give Street and Number. } 320 Ramsay St

Duration of Residence in Baltimore. One day.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Jan 26th 1907

AGE: ..... years, ... months, One day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: John E. Wallace

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ella Trimble

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wm Farley

(Address) 320 Ramsay St. Entered.

Filed Jan 28 1907

C. J. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 27th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 26 1907 to Jan 27 1907 that I last saw h[er] alive on Jan 27 1907, and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition.

(DURATION) ..... DAYS

Contributory (Primary.) Premature Birth 7 Mo. Gestation

(DURATION) ..... DAYS

(Signed) Wm E. Tyson M.D.

Address 622. W. Lombard St.

Date Jan 27th 1907

Place of Burial New Cathedral

Date Jan 28th 1907

Undertaker N S Finch

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. B 97607

CERTIFICATE OF DEATH. 175 V

(Place of Death.) No. 1049 N. Caroline St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Etta Finkelstein

{ Residence, if in Baltimore, Give Street and Number. } 1049 N Caroline St

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH ... 1 ...

AGE ... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Benj. Finkelstein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Lustgy

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj Finkelstein

(Address) 1049 N Caroline

Filed Jan 26 1907

CITY REGISTRAR, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 7 a ... M. CAUSE OF DEATH (Secondary or Immediate)

Paresis by ac Carbol (dec.)

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Joseph Carmel M.D.

Address Coroners Man

Date Jan 27 - 07 190

Place of Burial Philip's Old Road Dale

Date Jan 28 190 7

Undertaker Mat Lennon

Address 1138 Low st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — Registered No. B 97608

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Female Hospital — If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Shapiro

{Residence, if in Baltimore, Give Street and Number.} 1417 N Chester St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH ... 1 ...

AGE 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Simon Shapiro

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Linda Medavsky

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Shapiro

(Address) 1417 N Chester st

Filed Jan 28 1907 — C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 11 P.M.

CAUSE OF DEATH (Secondary or Immediate)

a Burns of body

acc

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Geo L Cullen M.D.

Address Coroners Office

Date Jan 27 — 07 1907

Place of Burial Philip Rd Rose Dale

Date Jan 29 1907

Undertaker Max Lainson

Address 138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

45 ✓

CERTIFICATE OF DEATH.

Registered No. B 97609

City of Baltimore, (No. 233 Albermarle St.; 3 2d Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Annie Schwartz.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 1. (Day) 1835 (Year)

AGE: 72. years, 4. months, 5. days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Russia.

FULL NAME OF FATHER: Morris Schwartz Gron.

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Hannie Schwartzman.

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED: House Keeping.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Levy

(Address) 233 N. Eutaw St.

Filed Jan 28 1907

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 27 (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from November 1906 to Jan 27 1907,

that I last saw her alive on Jan 26 1907, and that death occurred, on the date stated above, at 12:30 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of the Bile-Ducts.

3 mos. (DURATION)

Contributory Cachexia and Exhaustion (DURATION) 60 DAYS

(Signed) L. H. Ephraim M. D.

Jan 27 1906 (Address) 218 S. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philip's Rodeller Cem.

DATE OF BURIAL: Jan 28 1907

UNDERTAKER: Mat Levinson

ADDRESS: 113 X Lee St

[illegible] CLERK.

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 97610 — Registered No. B 97610

CERTIFICATE OF DEATH.

17 V

(Place of Death.) No. U.S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto Johanson

{Residence, if in Baltimore, Give Street and Number.} U.S. Marine Hospital

Duration of Residence in Baltimore. 18 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH 1

AGE 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ?

BIRTHPLACE (State or country) Sweden

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Collins

(Address) Benjamin Hospital

Filed 1/28 1907 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1907

I HEREBY CERTIFY, That I attended deceased from January 9 1907 to January 26 1907 that I last saw h-- alive on January 26 1907, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia and Sarcoma

(DURATION) DAYS

Contributory (Primary.) Renal calculus

(DURATION) DAYS

(Signed) C. P. Williams M.D.

Address U.S. Marine Hospital

Date January 27 1907

Place of Burial M. E. Cemetery

Date Jan 28 1907

Undertaker J. E. Hughes

Address 175 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — 97611 — *Registered No. B* 97611

CERTIFICATE OF DEATH.

130

(Place of Death.) *No.* 716 Portland *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Gallagher

{ *Residence, if in Baltimore, Give Street and Number.* } 716 Portland

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Oct. 19th 1880
AGE	26 years, 3 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Andrew Suchanek
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Valentina Schneider
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Valentina Suchanek

(Address) 716 Portland St.

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26th 1907

I HEREBY CERTIFY, That I attended deceased from April 11th 1906 to Jan. 26th 1907 that I last saw her alive on Jan. 26th 1907, and that death occurred, on the date stated above, at 2-50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Organic Heart disease.

9 Months (DURATION) DAYS

Contributory (Primary.) Cold (DURATION) DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard St.

Date Jan. 26th 1907

Place of Burial Sacred Heart Cemetery

Date Jan 29th 1907

Undertaker Geo Lewinbach & Son

Address 647 W Pratt St

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

97612

Registered No. B 97612

97612

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Ave. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Fisher

{Residence, if in Baltimore, Give Street and Number.} 1903 Columbia Ave.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 18th 1902

AGE 5 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Fredrick Fisher

BIRTHPLACE OF FATHER (State or country) Switzerland

MAIDEN NAME OF MOTHER Lizzie Schive

BIRTHPLACE OF MOTHER (State or country) Switzerland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lizzie Fisher

(Address) 1903 Columbia Ave

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 26th 1907

I HEREBY CERTIFY That I attended deceased from Jan 26 1907 to Jan 26 1907

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1130 A. M. CAUSE OF DEATH (Secondary or Immediate)

Shock, following burns over the whole body, clothes accidentally catching on fire from a gas stove

(DURATION) DAYS

Contributory (Primary!)

(DURATION) 1/2 DAYS

(Signed) J. D. Stuart Coroner M.D.

Address 211 N. Lanvale St

Date Jany 26th 1907

Place of Burial Western Cemetery

Date Jan 28th 1907

Undertaker Lee Levin Clark & Son

Address 647 W Baltimore St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

97613 Registered No. B 97613

CERTIFICATE OF DEATH.

(Place of death.) No. 1845 Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Rush

{Residence, if in Baltimore, Give Street and Number.} 1845 Mc Henry st

Duration of Residence in Baltimore. 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 61 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Geo W Rigbie

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Rush.

(Address) 1845 Mc Henry St

Filed 1/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1906 to January 26 1907

that I last saw h alive on January 25 1907, 12

and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) one year DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins st

Date January 26 1907

Place of Burial Odd Fellows Cemetery

Date January 28th 1907

Undertaker William Cook

Address 502 E Monument st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19v

97614

CERTIFICATE OF DEATH.

Registered No. B 97614

City of Baltimore, (No. 1313, Lineinth St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Theodore H. Knight

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	January 24 1853 (Month) (Day) (Year)
AGE	54 years, months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Theodore M. Knight
BIRTHPLACE OF FATHER (State or country)	Maryland.
MAIDEN NAME OF MOTHER	Rachel Rose
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Knight

(Address) 1313 Lineinth St

Filed 1/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 24, 1905 to Jan 25, 1907 that I last saw h um alive on Jan 25, 1907, and that death occurred, on the date stated above, at 11:30 P. M. The CAUSE OF DEATH was as follows:

Cardiac Hypertrophy

About 15 months (DURATION) DAYS

Contributory General Dropsy

About a year (DURATION) DAYS

(Signed) R. R. Clewell, M. D.

Jan. 25, 1907 (Address) 174 N. Howard St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount	Jan 28. 1907
UNDERTAKER	ADDRESS
Wm Cook	502 E North

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

97615 Registered No. B 97615

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1416 Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Wilson Hunt

{Residence, if in Baltimore, Give Street and Number.} 1416 Carroll

Duration of Residence in Baltimore. 14

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va. Co Md

FULL NAME OF FATHER: Andrew Wilson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Cornelia Hutton

BIRTHPLACE OF MOTHER (State or country): Va. Co Md

OCCUPATION OF DECEASED: Washing & Ironing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Henry Wilson

(Address) 1416 Carroll

Filed 1/28 1907

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 25th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190..,

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

Phthisis Pulmonalis 2

3 mos (DURATION) DAYS

Contributory (Primary.) Colds

..... (DURATION) ..... DAYS

(Signed) Thomas Jones M.D.

Coroner

Address .....

Date Jan 26th 1907

Place of Burial Mt Auburn Cemetery

Date Jan 28 1907

Undertaker Geo H Hopkins

Address 619 Little Pacast

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

Registered No. B 97616

97616

CERTIFICATE OF DEATH.

93 ✓

(Place of Death.) No. 1111 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minnie Steiner

{ Residence, if in Baltimore, Give Street and Number. } 1111 E. Pratt st.

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 1

AGE 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Abrah Steiner

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Sacks

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Hoffman

(Address) 30 E Lombard st

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 27 1907 to Jany 27 1907 that I last saw h[er] alive on Jan 27 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. M. Singewald M.D.

Address Edw. M. Singewald

Date 5 N. Washington st 1907

Place of Burial Philipsdale Rock Dale Jany 28

Date Jan 28 1907

Undertaker Wm. Lennon

Address 113 E Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 97617 — Registered No. B 97617

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Kramer

{Residence, if in Baltimore, Give Street and Number.} 1400 E Lombard st

Duration of Residence in Baltimore. 8

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Lues Kramer

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Brener

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I J Bart — BAY VIEW ASYLUM, Lemuel Holyday, Supt.

(Address) 225 Staroline

Filed 1/28 1907 — HARRY C. ANDERSON, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 27 1907

I HEREBY CERTIFY, That I attended deceased from Jan 23 1907 to Jan 27 1907 that I last saw h[illegible] alive on Jan 27 1907, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage Hypostatic Pneumonia. Senility

(DURATION) DAYS

Contributory (Primary) Arterio-sclerosis

Chronic diffuse nephritis (DURATION) DAYS

(Signed) Florence Nicholson M.D.

Address Bayview Hospital

Date Jan 27 1907

Place of Burial Hebrew Cem Philip Rd Cem Run

Date Jan 29 1907

Undertaker Max Levinson

Address 1138 Low St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97613

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 *Registered No.* B 97618

CERTIFICATE OF DEATH.

19 V

(Place of Death.) *No.* #1612 Cole St. *St.* (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Henry A. Wunderlich

{ Residence, if in Baltimore, Give Street and Number. } #1612 Cole St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	April 14th 1874 1
AGE	32 years, 9 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Conrad Wunderlich
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Minnie Ripple
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Wunderlich

(Address) 1612 Cole St.

Filed Jan 28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26th 1907

I HEREBY CERTIFY, That I attended deceased from Mar 25th 1906 to Jan 25th 1907

that I last saw h alive on Jan 25th 1907

and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 1 DAYS

Con'ributory (Primary.) Aortic

Regurgitation (DURATION) 10 mos

(Signed) W. O. Hanes M.D.

Address 1108 E. Fremont

Date Jany 26th 1907

Place of Burial Louden Park Cemetery

Date 1/28/07 190

Undertaker J. Herwig & Son

Address #2008 Orleans St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 97619 — Registered No. B 97619

CERTIFICATE OF DEATH.

50 ✓

(Place of Death.) No. 423 W Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George C. Brown

{Residence, if in Baltimore, Give Street and Number.} 423 W Saratoga St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 11th 1836

AGE: 70 years, 6 months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Elias Brown

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah J Hogg

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura A. Brown

(Address) 423 W Saratoga St

Filed 1/28 1907 HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 26 1907

I HEREBY CERTIFY, That I attended deceased from 1890 to Jan 26 1907

that I last saw him alive on Jan 25 1907

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gangrene of the foot

(DURATION) 2 Months

Con'ributory (Primary.) Diabetes

10 yrs (DURATION) DAYS

(Signed) W. P. Morgan M.D.

Address 315 W Monument St

Date Jan 26th 1907

Place of Burial Mount Olivet Cemetery

Date January 28th 1907

Undertaker Stewart Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16

HEALTH DEPARTMENT, City of Baltimore.

Ward VIII 97620 Registered No. B 97620

77 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Thomas

{Residence, if in Baltimore, Give Street and Number.} 1138 N Broadway

Duration of Residence in Baltimore. 19 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER: Jos Thomas

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Ruth Thomas

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Undertaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/28 1907 HARRY G. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 25. 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1906 to Jany. 25 1907 that I last saw h im alive on Jany. 25 1907, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) 3 DAYS

Contributory (Primary.) Tuberculan Bronchopneumonia (DURATION) 2 wks DAYS

(Signed) Wm. Dunnigan M.D.

Address Bay View Asylum

Date January 25. 1907

Place of Burial McCulloh's Cem

Date Jan 28th 1907

Undertaker Emmett Boone

Address 1011 N. Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — 97621 — *Registered No.* **B** 97621

CERTIFICATE OF DEATH.

151 V

(Place of Death.) *No.* Virginia R. Maas *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name 825 N. Calhoun

{ Residence, if in Baltimore, Give Street and Number. } 825 N. Calhoun

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Jan 24 1907
AGE	..... years, ... months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Clarence A. Maas
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Susie S. Baughman
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence A. Maas

(Address) 725 N. Calhoun

Filed 1/28 1907 — HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1907.

I HEREBY CERTIFY, That I attended deceased from January 24 1907 to Jany 26 1907. that I last saw h er alive on Jany 25 1907. and that death occurred, on the date stated above, at 8 ¾ M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion, Mal nutrition
feeble & ast & debility.

(DURATION) 2 DAYS

Contributory (Primary.) Instrumental delivery (DURATION) ..... DAYS

(Signed) J. R. Rozer M.D.

Address 662 West Lexington St.

Date January 26 1907.

Place of Burial Loudon Park

Date Jan. 28 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 97622 — Registered No. B 97622

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John H. Schley

{Residence, if in Baltimore, Give Street and Number.} 1021 Green's Court

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Henery Schley

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Lydia Crossier

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Schley

(Address) 1021 Greens Ct

Filed 1/28 1907 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4" 1907 to Jan 25 1907

that I last saw h~~im~~ alive on Jan 25 1907,

and that death occurred, on the date stated above, at 7 30 ~~a~~ m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. S. Richardson M.D.

Address Johns Hopkins Hospital

Date January 26" 1907

Place of Burial Green Md

Date January 28 1907

Undertaker Fitzgerald Funeral Home

Address 1428 S Charles St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 X

97623 Registered No. B 97623

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. University Hospital Balto City (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lilly Gast

{Residence, if in Baltimore, Give Street and Number.} Brooklyn. Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH ..... 1 .....

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Home wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Stumbeck

(Address) 1318 Light St

Filed 1/28 1907 HENRY D. ANDREWS. Registrar

FERRET CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/27 1907.

I HEREBY CERTIFY, That I attended deceased from 1/18 1907 to 1/27 1907 that I last saw h er alive on 1/27 1907, and that death occurred, on the date stated above, at 4.45 p. m. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

— (DURATION) — DAYS

Contributory (Primary.) Nephritis

(DURATION) — DAYS

(Signed) J. R. Douglas M.D.

Address University Hosp.

Date 1/28 1907

Place of Burial Cedar Hill Cem

Date Jan'y 30 1907

Undertaker Jos Stumbeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — 97624 — Registered No. B 97624

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 St. Mc. Comas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hudson John. T.

{Residence, if in Baltimore, Give Street and Number.} 16 St. Mc Comas St

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Jan. 1850

AGE 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Geo. Oliver Hudson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Ship Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. C. Hudson

(Address) 1627 Ludlow St

Filed 1/28 1907 HARRY O. ROGERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 26 1907 to ..... 190.....

that I last saw h ... alive on Jan 26 1907,

and that death occurred, on the date stated above, at 2.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Nephritis, and Valvular Heart disease

— (DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. T. Hawkins M.D.

Address 1608 Light St.

Date Jan. 27, 1907

Place of Burial Mount Carmel

Date January 29th 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

Heart

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 14

97625 Registered No. B 97625

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 114 Fitting St. Balto. Md St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob L. Thomas

{Residence, if in Baltimore, Give Street and Number.} 114 Fitting Street

Duration of Residence in Baltimore. 21 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar. 2 1854

AGE: 53 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Jeff. Va

FULL NAME OF FATHER: Chas. W. Thomas

BIRTHPLACE OF FATHER (State or country): Jefferson Co. W. Va

MAIDEN NAME OF MOTHER: Jane Drenner

BIRTHPLACE OF MOTHER (State or country): Jefferson Co. W. Va

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant: John Thomas (Brother)

(Address: 114 Fitting St.

Filed 1/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 26 1907

I HEREBY CERTIFY, That I attended deceased from Dec 12 1906 to Jan 25 1907 that I last saw him alive on Jany 24 1907, and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Brights Disease

Uraemia

(DURATION) 15 DAYS

Contributory (Primary.) Brights

~~Uraemia~~ (DURATION) 76 DAYS

(Signed) J. B. Adams M.D.

Address 2124 St Paul Street

Date Jany 26 1907

Place of Burial Shenandoah Junction Jefferson Co. W. Va.

Date January 29th 1907

Undertaker Jos. Stonebraker

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 97626 Registered No. B 97626

CERTIFICATE OF DEATH.

151 ✓

(Place of Death.) No. 126 W. Pratt St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name (Infant) - not named - Joseph Conavitch & Dora Conavitch

{Residence, if in Baltimore, Give Street and Number.} 126 W Pratt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 25th 1907

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Conavitch

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Dora Botho

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Conavitch

(Address) 126 W. Pratt St

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 27th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 26th 1907 to Jan. 26th 1907 that I last saw her alive on Jan. 26th 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Atelectasis Monatorum

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Minerva Herrington M.D.

Address 116 W. Barre St.

Date Jan. 27th 1907 The Evening Dispensary

Place of Burial Cedar Hill Cem

Date Jan 28th 1907

Undertaker E. Schloman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97627

HEALTH DEPARTMENT, City of Baltimore.

Ward 25

Registered No. B 97627

CERTIFICATE OF DEATH.

(Place of Death.) No. 13 W Hamburg St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine J Pfaff

{Residence, if in Baltimore, Give Street and Number.} 13 W Hamburg

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 31st 1865

AGE: 43 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George L. Hahn

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Marie Kistner

BIRTHPLACE OF MOTHER (State or country): Gery

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Pfaff

(Address) 13 W Hamburg St

Filed 1/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1907

I HEREBY CERTIFY, That I attended deceased from 31 Dec 1906 to Jan 26 1907 that I last saw h[er] alive on Jan 26 1907, and that death occurred, on the date stated above, at 8 P M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Condition of Exhaustion

(DURATION) DAYS

Contributory (Primary) Catarrhal Pneumonia (DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hamburg St

Date Jan 28 1907

Place of Burial London Park

Date Jan 29 to 1907

Undertaker E Sahlman & Son

Address 1034 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

97628

Registered No. B 97628

401

CERTIFICATE OF DEATH.

(Place of Death.) No. 237 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary V. Corns.

{Residence, if in Baltimore, Give Street and Number.} 237 N. Gilmor

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 25th 1833

AGE: 51 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Jos Barrett

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mabel C Hunter

(Address) 237 N Gilmor st

Filed 1/28 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1907

I HEREBY CERTIFY that I attended deceased from January 23 1907 to January 26 1907 that I last saw her alive on January 26 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer - Liver.

My attendance (DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward J Condon M.D.

Address 1403 W Fayette st

Date January 28 1907

Place of Burial Western Cemetary

Date Jan 29 = 1907

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97629

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

120 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97629

City of Baltimore, (No. 2000 N. Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nellie Fangmeyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb. 21. 1870 (Month) (Day) (Year)

AGE: 36 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: John Fangmeyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Teresa Bliggden

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H C Fangmeyer

(Address) 2000 N. Monroe 26

Filed [illegible] 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 24 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 29 1906 to Jan 24 1907 that I last saw h[illegible] alive on Jan 23 1907, and that death occurred, on the date stated above, at 7A M. The CAUSE OF DEATH was as follows:

Uraemia.
Chronic Parenchymatous Nephritis
Chronic Rheumatism

(DURATION) 4 months DAYS

Contributory [illegible]

(DURATION) [illegible] DAYS

(Signed) Dr. E. Miles Wheeler M. D.

Jan 24 1907 (Address) 2129 N. 20th Ave.

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence [illegible] How long at Place of Death? [illegible] Days

Where was disease contracted, if not at place of death? [illegible]

PLACE OF BURIAL OR REMOVAL: Loudan Park

DATE OF BURIAL: Jan 28 1907

UNDERTAKER: E M Meiche

ADDRESS: [illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22

97630 Registered No. B 97630

CERTIFICATE OF DEATH.

154 V

(Place of Death.) No. Rear of 412 Ulrow Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adelaide Jarry

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Mastyr'hire

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Balto Md 1806

AGE 99 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Columbus Butler

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Sarah Green

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Butler

(Address) 940 Saratoga st.

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 27th 1907

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Senility, 99 yrs of age, had not been sick

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Fyfe M.D. Coroner

Address 211 W. Lanvale

Date 1, 27, 1907

Place of Burial Laurel Cemetery

Date Jan. 30th. 07 190

Undertaker A. Jones

Address 216 S. Shricker st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward V 97631 Registered No. B 97631

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Philip Heilman

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 32 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 1832

AGE 74 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Phillip Heilmann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BAY VIEW ASYLUM. Supt.

(Informant)

(Address)

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27. 1907

I HEREBY CERTIFY, That I attended deceased from Jany. 17. 1907 to Jany. 27 1907 that I last saw him alive on Jany. 26 1907 and that death occurred, on the date stated above, at 5.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Myocarditis

(DURATION) Unk DAYS

Contributory (Primary.) Edema of Lungs. Ex Arteriosclerosis. (DURATION) Unk DAYS

(Signed) Wm Cummins Jr M.D.

Address Bay View Asylum

Date January 27. 1907

Place of Burial Baltimore

Date Jan 28 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

Ward 13

HEALTH DEPARTMENT, City of Baltimore.

97632 Registered No. B 97632

CERTIFICATE OF DEATH. 27 V

(Place of Death.) No. 346 - 3rd ave (Hampden) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charity Rutledge

{ Residence, if in Baltimore, Give Street and Number. } 30 years 346 3rd Ave

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 16 1847

AGE: 58 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Bernard Rutledge

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Mary Pocock

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Ethel Rutledge

(Address) 340 3rd Ave

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 27 1907

I HEREBY CERTIFY, That I attended deceased from January 27 1907 to January 27 1907 that I last saw h[er] alive on January 27 1907, and that death occurred, on the date stated above, at 6.54 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) 30 minutes

Contributory (Primary.) Pulmonary Phthisis

(DURATION) 9 DAYS

(Signed) [illegible] M.D.

Address 605 - 3rd ave

Date January 27 1907

Place of Burial St Mary's

Date Jan 28 1907

Undertaker A. J. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 97633 — Registered No. B 97633

CERTIFICATE OF DEATH. 1507

(Place of Death.) No. 2 Guyer St — St. — If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name George H. & Elizabeth Emrich

{Residence, if in Baltimore, Give Street and Number.} 2 Guyer St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: May 24 1907

AGE: — years, — months, 2 1/2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: George H. Emrich

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Elizabeth Smith

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H. Emrich Father

(Address) 2 Guyer St.

Filed 1/28 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 27 1907

I HEREBY CERTIFY, That I attended deceased from May 24 1907 to May 27 1907

that I last saw her alive on May 27 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth, Coma

about end of sixth month

ulcus gastricum

(DURATION) 2 1/2 DAYS

Contributory (Primary.) Same

(DURATION) 2 1/2 DAYS

(Signed) Harry C. Ahlen M.D.

Address 1703 W. Fayette St

Date May 27 1907

Place of Burial St Pauls on Wilkins ave

Date Jan 28 1908

Undertaker Geo. Weber

Address 1155 N. Carey St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 97634 — Registered No. B 97634

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 912 N Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Fery

{Residence, if in Baltimore, Give Street and Number.} 912 N Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank Fery

BIRTHPLACE OF FATHER (State or country) Bohemia Austria

MAIDEN NAME OF MOTHER Anna Smrka

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Bartender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Fery

(Address) 912 N. Durham

Filed 1/28 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1907 to Jan 26 1907

that I last saw him alive on 1907,

and that death occurred, on the date stated above, at 8.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 16 DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) ? DAYS

(Signed) William J. Kipsaver M.D.

Address 2008 Woodbourne

Date 1-27- 1907

Place of Burial Holy Redeemer

Date Jan. 29 1907

Undertaker Frank Grach

Address 1904 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 97635 *Registered No. B* 97635

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Hubbard

{ Residence, if in Baltimore, Give Street and Number. } 35 S Front St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): York Pa

FULL NAME OF FATHER: William Danner

BIRTHPLACE OF FATHER (State or country): York Pa

MAIDEN NAME OF MOTHER: Mary Miller

BIRTHPLACE OF MOTHER (State or country): York Pa

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Hubbard

(Address) 35 S Front St

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 26 1907

I HEREBY CERTIFY, That I attended deceased from Sept 27 1906 to Jan 26 1907 that I last saw h[illegible] alive on Jan 26 1907, and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia, Uraemic Coma. Cardiac & Renal Atrophy.

(DURATION) DAYS

Con ributory (Primary Hypocarditis, Chronic Diffuse Nephritis. (DURATION) DAYS

(Signed) Marcellus Nicholson M.D.

Address Bay View Hospital

Date Jan 27 - 1907

Place of Burial Baltimore Cemetery

Date Jan 28 1907

Undertaker Wm E Schaeffer

Address 8, S. Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

97636 Registered No. B 97636

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1350 Columbia Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph A. Lilly

{Residence, if in Baltimore, Give Street and Number.} 1350 Columbia Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 1st 1870

AGE 37 years, — months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Conrad Lilly

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Catherine Reese

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Yetta Lilly

(Address) 1350 Columbia Ave

Filed 1/28 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27th 1907

I HEREBY CERTIFY, That I attended deceased from August 22 1905 to Jan 26 1907 that I last saw h[illegible] alive on Jan 26 1907, and that death occurred, on the date stated above, at 9:10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

6 months (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) 3 DAYS

(Signed) J. E. Mnse M.D.

Address 855 Columbia ave

Date Jan 28 1907

Place of Burial Mt. Olivet

Date Jan. 30th 1907

Undertaker Mrs & Jurs John W. Leufer

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 97637 — Registered No. B 97637

CERTIFICATE OF DEATH.

119 ✓

(Place of Death.) No. St. Joseph Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Moses Clayborn

{Residence, if in Baltimore, Give Street and Number.} 515 S. Spring St

Duration of Residence in Baltimore. 10 yrs -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Labour

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mamie Travis

(Address) 515 S Spring St

Filed 1/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 - 1907

I HEREBY CERTIFY, That I attended deceased from Jan 25 - 1907 to Jan 25 - 1907 that I last saw him alive on Jan 25 - 1907 and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate

Uremia

(DURATION) DATE

Contributory (Primary.) Acute Nephritis

four days (?) (DURATION) DATE

(Signed) C. L. Simmons M.D.

Address St. Joseph Hospital

Date Jan 25 - 1907

Place of Burial Cedary

Date Jan 28 th 1907

Undertaker Wm J G Jackson

Address 1421 Eutaw Pl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes within notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 97638 — *Registered No. B* 97638

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 203d Arlington ave *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Williams A Stehle

{Residence, if in Baltimore, Give Street and Number.} 203 N Arlington ave

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	W

DATE OF BIRTH: 21 June 1817

AGE: 86 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andrew Stehle

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Theresia Herzog

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Stehle

(Address) 203 N Arlington ave

Filed 1/28 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 25th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 20th 1906 to Jany. 25th 1907

that I last saw him alive on Jany 23 1907,

and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion & Syncope

(DURATION) 3 days DAYS

Con'tributory (Primary) Pulmonary Tuberculosis

(DURATION) 16 Months DAYS

(Signed) W. J. Pierbury M.D.

Address 780 York Road

Date Jany 26th 1907

Place of Burial Baltimore Cemetery

Date Jan 28 1907

Undertaker Louis Heumann

Address 65 Caroline st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 97639

Ward 3d Ward.

Registered No. D..... 14v

97639

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 S Caroline St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Prueper

{Residence, if in Baltimore, Give Street and Number.} 6 S Caroline St

Duration of Residence in Baltimore. Sixty years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 7. 1826

AGE 80 years, 10 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Heemann

(Address) 6 S Caroline St

Filed 1/28 1907

ROBT. O. MATTHEWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 13th 1906 to Jan 27th 1907 that I last saw h.. alive on Jan 25th 1907 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Heart Disease

(DURATION) One year

Con'ributory (Primary.)

(DURATION) Days

(Signed) Edw. M. Shipwash M.D.

Address 5 N. Washington Pl.

Date January 27th 1907

Place of Burial Immaculate Conception

Date Jan 29 1907

Undertaker Louis Heemann

Address 6 S Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 / 7

97640 Registered No. B 97640

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 134 W. Henrietta St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Irene Eleanor Mitchell

{Residence, if in Baltimore, Give Street and Number.} 134 W. Henrietta St.

Duration of Residence in Baltimore. 16 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: October 1 — 1906

AGE: ..... years, 16 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Henry Mitchell

BIRTHPLACE OF FATHER (State or country): Savannah - Ga.

MAIDEN NAME OF MOTHER: Annie Rief (?)

BIRTHPLACE OF MOTHER (State or country): Calvin Co. - Md. (?)

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Henry Mitchell

(Address) 134 Henrietta St

Filed 1/28 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-26- 1907

I HEREBY CERTIFY, That I attended deceased from 1-14- 1907 to 1-26- 1907

that I last saw h er alive on Jan: 25 1907,

and that death occurred, on the date stated above, at 10.25 a.m.

M. CAUSE OF DEATH (Secondary or Immediate

Meningitis

(DURATION) 4 DAYS

Contributory (Primary.) Pneumonia

Rachitis - (DURATION) ? DAYS

(Signed) Anne N. Thomas M.D.

Address 115 W. Barre St

Date 1-26- 1907

Place of Burial Mt. Auburn Cem.

Date Jan 28 1907

Undertaker Isaiah L Bloomston

Address 108 w montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

97641

Registered No. B 97641

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St.

(If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name John P. Ayers.

{Residence, if in Baltimore, Give Street and Number.} 880 W. Fayette St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Aug 3rd 1842

AGE 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) England.

FULL NAME OF FATHER John Ayers.

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Margaret Mellish

BIRTHPLACE OF MOTHER (State or country) England.

OCCUPATION OF DECEASED Accountant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Harry Nobbs

(Address)

Filed 1/28 1907

HARRY C. JONES, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to Jan 26 1907

that I last saw him alive on Jan 26 1907

and that death occurred, on the date stated above, at 7 40 P. M. CAUSE OF DEATH (Secondary or Immediate

Strangulated Hernia

Sterdea — Shock

Pulmonary Thrombosis

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date Jan. 26 — 1907

Place of Burial Loudon Park

Date Jan 29 1907

Undertaker J. Ahern & Co

Address 724 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97642

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97642

City of Baltimore, (No. 2513, Francis St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry F. Zell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. (Month) 6 (Day) 1853 (Year)

AGE: 53 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Christian Zell

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emma McClean

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Electrician Elevator Inspector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma C. Zell

(Address) 2513 Francis St.

Filed 1/28 1907 HARRY O. ANDREWS, FIRST CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1906 to Jan 25 1907

that I last saw him alive on Jan 25 1907,

and that death occurred, on the date stated above, at 12.20

M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 5 Months

Contributory Exhaustion (DURATION) 2 weeks

(Signed) L. F. Frey M. D.

Jan 26 1907 (Address) 1766 Druid Hill Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Jan 28 1907

UNDERTAKER: Wm J Tickner & Son | ADDRESS: 425 N Gamden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97644

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97644

Registered No. B .....

City of Baltimore, (No. 1747, W. Milton Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Flora M. Hyman

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Sept (Month) ..... (Day) 1874 (Year)

AGE: 32 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Patrick Ryan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Jane Golden

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Hyman

(Address) 1747 N. Milton Ave

Filed 1/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 26 (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1907 to Jan. 26, 1907, that I last saw h alive on Jan. 26, 1907, and that death occurred, on the date stated above, at 3.05 A. M. The CAUSE OF DEATH was as follows:

Peritonitis

(DURATION) 21 DAYS

Contributory Cold

(DURATION) ..... DAYS

(Signed) P. Lee Meagher M. D.

Jan 26, 1907 (Address) 1244 N. Gay

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet | DATE OF BURIAL: Jan. 28 1907

UNDERTAKER: H. G. Weisfeld | ADDRESS: 914 Greenmount

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — 97643 — Registered No. B 97643

CERTIFICATE OF DEATH.

(Place of Death.) No. 1128 N. Carrollton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Emma Gardner

{Residence, if in Baltimore, Give Street and Number.} 1128 N. Carrollton ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 19th 1836

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Thomas Tenant

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Caroline Davis

BIRTHPLACE OF MOTHER (State or country): East Co. Md.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary E. Gardner

(Address) 1128 N Carrollton Ave

Filed 1/28 1907 — MARY O. ROBERTS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 16 1907 to Jan 27 1907

that I last saw her alive on 27 Jan 1907,

and that death occurred, on the date stated above, at 8.25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.)

Marasmus (DURATION) 11 DAYS

(Signed) B. F. Heraman M.D.

Address 607 W. North ave

Date Jan 28th 1907

Place of Burial Greenmount

Date Jan 29th 1907

Undertaker Wm. E. Brothers

Address 231 S. Stricker St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — Registered No. B 97645

CERTIFICATE OF DEATH. 97645

(Place of Death.) No. 420 East 23rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E. Thomas

{ Residence, if in Baltimore, Give Street and Number. } 420 E 23rd St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: col.

DATE OF BIRTH: Dec 16 1906

AGE: ..... years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Francis Cooper

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Virginia Thomas

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Naughton Bayley

(Address) 2422 Druid Hill Ave

Filed 1/28 1907 — MARY C. ANDREWS, Registrar — PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 25th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 18 1907 to Jany 25 1907 that I last saw her alive on Jan 25 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia, Exhaustion & Convulsions, Dur 7 D.

DURATION ..... DAYS

Contributory (Primary.) Tuberculosis 7 days

DURATION ..... DAYS

(Signed) Naughton Bayley M.D.

Address 2422 Druid Hill Ave

Date January 28 1907

Place of Burial Loudon Park

Date January 28 1907

Undertaker R A Elliott

Address 516 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 — 97646 — Registered No. B 97646

CERTIFICATE OF DEATH.

791

(Place of Death.) No. 641 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James H. A. Butler.

{Residence, if in Baltimore, Give Street and Number.} 641 Hanover St.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Col

DATE OF BIRTH: 1

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): [illegible]

FULL NAME OF FATHER: Wm. J. Butler, Sr.

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Nancy Green

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Trucker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Butler, Sr.

(Address) 641 Haw St

Filed 1/28 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 26th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 13 1907 to Jan. 26th 1907

that I last saw him alive on Jan. 25th 1907

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH, (Secondary or Immediate) Myocarditis, Cardiac Dilatation.

..... (DURATION) ..... DAYS

Con'tributory (Primary) Pulmonary Oedema

..... (DURATION) ..... DAYS

(Signed) W. J. Carr, M.D.

Address 515 Mosher St.

Date Jan. 28th 1907

Place of Burial Mt Auburn

Date 1/30 1907

Undertaker Alex Hemsley

Address 578 W Pratt

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 97647 Registered No. B 97647

CERTIFICATE OF DEATH. 167

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleanora George

{Residence, if in Baltimore, Give Street and Number.} 2324 Cambridge St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR White

DATE OF BIRTH Oct 27th 1902

AGE 4 years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Louis George

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Carrie Miller

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie George

(Address) 2324 Cambridge St

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27 - 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8:40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Burns of body

(acc)

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Fredk Carrell M.D.

Address Coroners Office

Date Jan 28- 1907

Place of Burial Mt Carmel Cem.

Date January 30th 1907

Undertaker H. GAITHER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 97648 — Registered No. B 97648

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CERTIFICATE OF DEATH.

(Place of Death.) No. Locust Point Yards B. & O. R. R. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lohmeyer

{ Residence, if in Baltimore, Give Street and Number. } 1821 Belt Ave

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 6 1879.

AGE: 27 years, 3 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Harford Co Md.

FULL NAME OF FATHER: William Lohmeyer

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Brakeman B & O R R Co.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Francis Lohmeyer (wife)

(Address) 1821 Belt ave

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

Run over by cars drawn by Engine #1200 B & O R R Co.

Accidental Death (DURATION) ..... DATE

Contributory (Primary.) .....

..... (DURATION) ..... DATE

(Signed) H. McGuinness M.D.

Address Coroner

Date January 26 1907

Place of Burial Mt Olivet Cemetery

Date Jan 28 1907

Undertaker E. J. Fleming

Address 1466 Batt. Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

97649

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97649

City of Baltimore, (No. 626 W Lee St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anton H Mayer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) 23 (Day) 1842 (Year)

AGE: 64 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Richmond Va.

FULL NAME OF FATHER: William Mayer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Pattern Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederica Mayer

(Address) 626 W Lee St

Filed 1/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 26th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 9 1907 to Jan. 26 1907 that I last saw him alive on Jan 26 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Bright's disease Painful and other Complications, meant To age (DURATION) DAYS

Contributory Bowel Hemorrhage (DURATION) DAYS

(Signed) W L Morgan M. D.

Jan 28 1907 (Address) 202 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Balto Cemetery

DATE OF BURIAL: Jan 29 1907

UNDERTAKER: F. A. Kramer & Bro

ADDRESS: 703 Hanover

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 97650 — Registered No. B 97650

CERTIFICATE OF DEATH.

(Place of Death.) No. 2035 Fulton St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Charles and Barbara Lesser

{Residence, if in Baltimore, Give Street and Number.} 2035

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, ... months, 12 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas. Lesser

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: ~~Hauptler~~ Barbara Desh

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Charles Lesser

(Address) 87 S Fulton St

Filed 1/28 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1907

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to Jan 25 1907 that I last saw h.. alive on Jan 25 1907 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(DURATION) Life

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Wolenteus M.D.

Address 1 S Broadway

Date Jan 28 1907

Place of Burial Greenmount

Date Jan 28 1907

Undertaker Wendell Disposition Co

Address 334 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 V 97651 Registered No. B 97651

CERTIFICATE OF DEATH.

154 V

(Place of Death.) No. 312 E. 20th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry H. Gresham

{ Residence, if in Baltimore, Give Street and Number. } 312 E. 20th St

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — — 1 —

AGE: 64 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Retired Surveyor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. L. Wilkens.

(Address) 312 E. 20th St.

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 27 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 19 1906 to Jan 27 1907

that I last saw h— alive on Jan 27 1907,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral hemorrhage

accident

age.

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) John E. Lamond M.D.

Address 1302 W. Lanvale

Date Jan 28 1907 V

Place of Burial Wesley Chapel Kent Co. Md.

Date Jany. 29. 1907

Undertaker Wilson Cook

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 97652 Registered No. B

CERTIFICATE OF DEATH. 97652

(Place of Death.) No. 812 N Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda Coulehan

{ Residence, if in Baltimore, Give Street and Number. } 812 N Broadway

Duration of Residence in Baltimore. Seven years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1825

AGE: 82 years, ... months, ... days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Emmittsburg Md

FULL NAME OF FATHER: Richard Masters

BIRTHPLACE OF FATHER (State or country): Hagerstown Md

MAIDEN NAME OF MOTHER: Ann Kridler

BIRTHPLACE OF MOTHER (State or country): Emmitsburg

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward A Byrne

(Address) 302 N Gay St.

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 27th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 22nd 1907 to Jan 27th 1907

that I last saw her alive on Jan 25 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Endema of Lungs

(DURATION) 6 DAYS

Contributory (Primary.) Chr. Nephritis

Heart Dilatation (DURATION) 2 DAYS

(Signed) Chas. B. Layton M.D.

Address 830 N Broadway

Date Jan 28th 1907

Place of Burial Cumberland Md

Date Jan 28 1907

Undertaker Edward A Byrne

Address 302 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 97653 — Registered No. B 97653

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CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Byrd

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk.

DATE OF BIRTH: Dec 3 1906

AGE: — years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: /

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. McShane

(Address) 2005 Madison Ave.

Filed 1/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 27 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 8 1907 to Jan. 27 1907 that I last saw her alive on Jan 26 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McShane M.D.

Address 2005 Madison Ave

Date Jan. 27 1907

Place of Burial Cathedral Cemetery

Date January 29th 1907

Undertaker Felix Pye.

Address 1026 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

97654

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97654

City of Baltimore, (No. 2542 Hudson Hill St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Aleck Pendel

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

* PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	colored

DATE OF BIRTH: July (Month) 21 (Day) 1907 (Year)

AGE: ..... years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Aleck Penman

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Annie Jane Beard

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Beard

(Address) 1408 Rutter St.

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1 (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to Jan 27 1907

that I last saw him alive on Jan 27 1907.

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Acute Broncho Pneumonia

(DURATION) 5 DAYS

Contributory Heart exhaustion

(DURATION) ..... DAYS

(Signed) Albert J. Conney M. D.

1-27 1907 (Address) 1533 John St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Jan 29th 1907

UNDERTAKER: Felix B Pye — ADDRESS: 112 E Madison

WM. J. C. DULANY CO., BALTIMORE.

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97655

7 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97655

City of Baltimore, (No. 1308 N Mount St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry L. Franklin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan (Month) 12th (Day) 1907 (Year)

AGE: — years, — months, 15 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Baltr. Md

FULL NAME OF FATHER: Harry L. Franklin

BIRTHPLACE OF FATHER (State or country): Baltr. Md.

MAIDEN NAME OF MOTHER: Rhoda Gran

BIRTHPLACE OF MOTHER (State or country): Baltr. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry L Franklin

(Address) 1308 N. Mount St

Filed 1/28 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Jan 27 1907

that I last saw him alive on Jan 26th 1907,

and that death occurred, on the date stated above, at 7 a. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Clement F. Evans M. D.

Jan 27th 1907 (Address) 833 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 29 1907

UNDERTAKER: Geo. W. Little

ADDRESS: 531 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97656

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97656

City of Baltimore, (No. 403, N. Calhoun St.; 19th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Harrison Ridgely

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept (Month) 19 (Day) 1846 (Year)

AGE: 60 years, 4 months, 8 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Howard Co Md

FULL NAME OF FATHER: Dr Charles Ridgely

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Louisa Hamison

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Electrical Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont Ave

Filed 1/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 23 1907 to Jan 27 1907

that I last saw h~~im~~ alive on Jan 27 1907,

and that death occurred, on the date stated above, at 11.35 a. m. The CAUSE OF DEATH was as follows:

Hypostasis

(DURATION) 4 DAYS

Contributory Chronic Infiltrative & Sclerotic Arteries (DURATION) several years DAYS

(Signed) Benj. F. Phillips M. D.

Jan 28 1907 (Address) 1929 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Jan 30 1907

UNDERTAKER: Geo W Little

ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97657

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97657

City of Baltimore, (No. 36 S. Eden St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Henry Schmalbach,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: December 8th (Month) (Day) 1823 Year

AGE: 83 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Henry Schmalbach

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Ex-Grocer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Schmalbach

(Address) 36 S Eden

Filed 1/28 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from December 19 1907 to January 27 1907 that I last saw him alive on January 23 1907, and that death occurred, on the date stated above, at 7-30 P. M. The CAUSE OF DEATH was as follows:

Senile Bronchitis

(DURATION) 60 DAYS

Contributory

(DURATION) DAYS

(Signed) D. W. Cathell M. D.

Jan 27 1907 (Address) 808 N Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Jan 30 1907

UNDERTAKER: Germanus France — ADDRESS: 1901 Pen & St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DE[illegible] City of Baltimore.

Ward ..... Registered No. B 97658

97658

CERTIFICATE OF DEATH.

91 ✓

(Place of Death.) No. 1 S. Patuxant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Schiiles

{Residence, if in Baltimore, Give Street and Number.} 1 S. Patuxant st

Duration of Residence in Baltimore. 56 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 9 1824

AGE 83 years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Weidig

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Frey

(Address) 1 S. Patuxant

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 28, 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1906 to Jan. 14 1907 that I last saw h[illegible] alive on Jan. 14, 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. J. Gatchell, M.D.,

Address 111 S. Broadway.

Date Jan. 28, 1907

Place of Burial Balto. County

Date Jan 31 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

97659

Registered No. B 97659

40 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 2027 Bank St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isabella Lyston

{Residence, if in Baltimore, Give Street and Number.} 2027 Bank St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 1845

AGE 61 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Abraham Rice

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Lyston

(Address) 2027 Bank St.

Filed 1/28 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Jan 26 1907 that I last saw h-e alive on Jan 26 1907, and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

~~Gastric Ulcer~~

Carcinoma of pylorus

(DURATION) 57 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. G. Rusk M.D.

Address 1100 E. Balt. St.

Date Jan 28. 1907

Place of Burial Bonnie Brae Cem.

Date Jan. 29th 1907.

Undertaker Jno A. Inman

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — 97660 — Registered No. B 97660

CERTIFICATE OF DEATH.

(Place of Death.) No. 283 Hickory Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Andrew Griffith

{Residence, if in Baltimore, Give Street and Number.} 283 Hickory Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec 19 1906
AGE	..... years, 1 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto City Md 283 Hickory Ave
FULL NAME OF FATHER	John W. Griffith
BIRTHPLACE OF FATHER (State or country)	Balto City
MAIDEN NAME OF MOTHER	Catharine Giles
BIRTHPLACE OF MOTHER (State or country)	Balto Co.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Griffith

(Address) 283 Hickory Ave

Filed 1/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to ..... 190..

that I last saw him alive on Jan 20 1907

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis

6 wks. (DURATION) DAYS

Contributory (Primary.) Pericarditis

6 wks. (DURATION) DAYS

(Signed) Vernon T. Kelly M.D.

Address 40 S Fallis Rd

Date Jan 28 1907

Place of Burial St Mary's Hampstead

Date Jan 28 1907

Undertaker H. E. Shaumeyer & Son

Address 212 Third Ave Hampstead

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 *Registered No. B* 97661

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Maryland Penitentiary *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Nelson

Residence, if in Baltimore, Give Street and Number. Phila Pa

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Ryder

(Address) Md. Penitentiary

Filed Jan 29th 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27 1907

I HEREBY CERTIFY, That I attended deceased from May 20 1904 to Jan 27 1907 that I last saw h.. alive on Jan 27 1907, and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthysis Pulmonalis

4 months (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Theodore Rouse Jr. M.D.

Address 1808 N. Charles St

Date Jan 27 1907

Place of Burial Phila, Pa

Date Jan 28, 1907

Undertaker Henry W. Means & Son

Address 705 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97662

City of Baltimore, (No. 1212, N. Spring St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Josiah Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	July (Month) 22 (Day) 1905 (Year)
AGE	1 years, 5 months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	Joseph Scott
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Maggie Parker
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Scott

(Address) Res 1212 N Spring st

Filed Jan 29 1907 HENRY D. ANDREWS, CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to Jan 27 1907 that I last saw h[illegible] alive on Jan 27 1907, and that death occurred, on the date stated above, at 10.15 A. M. The CAUSE OF DEATH was as follows:

Bronchus Pneumonia

(DURATION) 4 DAYS

Contributory Dentition

(DURATION) DAYS

(Signed) R. A. Colwell M. D.

Jan 25 1907 (Address) 1241 Harford Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bengies Balto Co Md	Jan 29 1907
UNDERTAKER	ADDRESS
R. F. Elliott	306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B 97664

97664

CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Morris

{Residence, if in Baltimore, Give Street and Number.} 1414 Brunt St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1855

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Eliga Morris

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Waiterman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marion Morris

(Address) 1414 Brunt St.

Filed 1/29 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 26 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Jan 26 1907

that I last saw him alive on Jan 26 1907,

and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Two years (DURATION) ... DAYS

Contributory (Primary.) Exposure

(DURATION) ... DAYS

(Signed) Edward J. Wheatley M.D.

Address 1220 Druid Ave

Date Jan 26 1907

Place of Burial Lamb's

Date Jan 29 1907

Undertaker John E. Hough Co

Address 1422 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That when the duty of the Physician who attended during his or her last notice, to furnish within *eighteen hours after death*, to the U setting forth, as far as person superintending the burial deceased, and the *cause and date of death.* person shall die in the said city it shall be the Coroner, when the case comes under his (whether married or single)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 97663 — Registered No. B 97663

CERTIFICATE OF DEATH. 19✓

(Place of Death.) No. 700 E. Pratt st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J Thomas

{ Residence, if in Baltimore, Give Street and Number. } 700 E Pratt st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 16 1830

AGE: 68 years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): unknown

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Ship Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj L Hayden

(Address) 1216 Caroline st

Filed 1/29 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to Jan 18 1907

that I last saw h alive on Jan 18 1907

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Benj L Hayden M.D.

Address 1216 N Caroline st

Date Jan 28 1907

Place of Burial Mt Olivet

Date Jany 29 1907

Undertaker John E Roughe

Address 1424 Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

B97665
to
B97666
are
missing

Ward 16 97667 Registered No. B 97[illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1019 St. Mount St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Elizabeth A Brewer

{Residence, if in Baltimore, Give Street and Number.} 1019 St. Mount St

Duration of Residence in Baltimore. 35 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 20th. 1835

AGE: 71 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Annarundle Co.

FULL NAME OF FATHER: Daniel Beahmar

BIRTHPLACE OF FATHER (State or country): Annapolis Md

MAIDEN NAME OF MOTHER: Annie J Brewer

BIRTHPLACE OF MOTHER (State or country): Annapolis Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Allee Evans

(Address) 1019 N. Mount St

Filed 1/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1906 to Jany 27 1907

that I last saw h or alive on Jany 23 1907

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 33 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) — DAYS

(Signed) George C. Shannon M.D.

Address 1442 Pressman St

Date Jany 27 — 1907

Place of Burial Loudon Park Cemetery

Date Jan 29th 1907

Undertaker Geuye Bruty

Address 594 N. Bridge St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward .....

97668 Registered No. B 97668

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Dec'd occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Stephen Beddyford

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 72 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/29 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 28 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 21 1907 to Jan 28 1907 that I last saw h.. alive on Jan 28 1907 and that death occurred, on the date stated above, at 1.42 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffuse nephritis, Arterio-Sclerosis, Mitral regurgitation (DURATION) ..... DAYS

Con'ributery (Primary) Hypostatic pneumonia (DURATION) 4 DAYS

(Signed) R R Vonis M.D.

Address Bay View Hospital

Date Jan. 28 1907

Place of Burial Mt Auburn

Date Jan 30th 1907

Undertaker Lawrence & Wright

Address 1364½ Eutaw Street

H.M. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 97669 — Registered No. B 97669

CERTIFICATE OF DEATH.

(Place of Death.) No. 517 n Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda Hill

{Residence, if in Baltimore, Give Street and Number.} 517. N. Bruce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Jany 27 1907

AGE 27 years, 9 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Lloyde Fortis

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Celia Fortis

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Celia Fortis

(Address) 517 N Bruce St

Filed 1/29 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 27 1907

I HEREBY CERTIFY, That I attended deceased from Nov 6 1906 to Jany 14 1907 that I last saw h alive on Jany 14 1907, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Mosher M.D.

Address 163 N Gilmor

Date Jany 27 1907

Place of Burial Mt Auburn Cemetery

Date January 29 1907

Undertaker Fabian B. Pipe

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 97670

97670

CERTIFICATE OF DEATH.

108 V

(Place of Death.) No. Fremont Sq Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Burke

{Residence, if in Baltimore, Give Street and Number.} 916 Woodward St

Duration of Residence in Baltimore. 19 Y

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas Burke

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Hannah Brown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Burke

(Address) 916 Woodward St

Filed 1/29 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27 1907

I HEREBY CERTIFY, That I attended deceased from Jan 8 1907 to Jan 27 1907 that I last saw h— alive on Jan 27 1907, and that death occurred, on the date stated above, at 6 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 19 DAYS

Contributory (Primary.) Appendicitis

(DURATION) 18 DAYS

(Signed) John F Bowman M.D.

Address Fremont Sq Hosp

Date Jan 27 1907

Place of Burial New Cathedral

Date Jan 30 1907

Undertaker John F Bowman

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 97671 — Registered No. B 97671

CERTIFICATE OF DEATH.

10 V

Place of Death.) No. 1327 Ilfleur St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joshua Greene

{Residence, if in Baltimore, Give Street and Number.} 1327 Ilfleur Street

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 85 years, mon'ts, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): A. A. Co Md

FULL NAME OF FATHER: Terry Greene

BIRTHPLACE OF FATHER (State or country): A. A. Co Md

MAIDEN NAME OF MOTHER: Sydney Hamilton

BIRTHPLACE OF MOTHER (State or country): Talbot Co Md

OCCUPATION OF DECEASED: Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Heath

(Address) 1327 Ilfleur St

Filed 1/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 28th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 18th 1907 to Jan 28th 1907

that I last saw h was alive on Jan. 27th 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe

(DURATION) 10 DAYS

Con ributory (Primary.) Old age

(DURATION) DAYS

(Signed) J. H. Marcus Compton M.D.

Address 480 W Baltimore St

Date Jan. 29th 1907

Place of Burial Mt Auburn

Date Jany 30 1907

Undertaker Abel Hemsley

Address 578 N Bond St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 97672 — Registered No. B 97672

CERTIFICATE OF DEATH.

91V

(Place of Death.) No. 1024 Hillman St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret E. Jones

{Residence, if in Baltimore, Give Street and Number.} 1024 Hillman St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 9 1830

AGE 76 years, 1 months, 19 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Cecil Co. Md.

FULL NAME OF FATHER James Hallon

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Hallan

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Streetfus

(Address) 1024 Hillman St.

Filed 1/29 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28. 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Jan 28 1907 that I last saw her alive on Jan 27 1907, and that death occurred, on the date stated above, at 4.10 a M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W. C. Burdon M.D.

Address 828 N. Carrollton Ave

Date Jan 28 1907

Place of Burial Loudon Park Cem

Date January 31st 1907

Undertaker H. W. Perkins & Son Co

Address 238 No Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

97673 Registered No. B 97673

CERTIFICATE OF DEATH. 27 R

(Place of Death.) No. 43 E. Hill - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia G. Clunay -

{Residence, if in Baltimore, Give Street and Number.} 43 E. Hill -

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 6 - 1875

AGE 31 years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Robt C Cluney -

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Fallon

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Daugherty

(Address) 43 E Hill st

Filed 1/29 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27 1907

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Jan 27 1907 that I last saw h- alive on Jan 26 1907 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis -

Before Sept 15-06 (DURATION) - DAYS

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) H. C. Ferguson M.D.

Address 1006 E. Shaw St

Date Jan 28 1907

Place of Burial St Peters

Date Jan 30 1907

Undertaker F. A. Brause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 97674 Registered No. B 97674

CERTIFICATE OF DEATH.

1570

(Place of Death.) No. Home for Mothers & Infants 450 W. 25th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel LeRoy Work

{ Residence, if in Baltimore, Give Street and Number. } 450 W. 25th St

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 2nd 1906

AGE: — years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Hurst

BIRTHPLACE OF FATHER (State or country): Nat Unknown

MAIDEN NAME OF MOTHER: Lillian Work

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian Work

(Address) Home Mothers & Infants

Filed 1/29 1907

HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 26 1907

I HEREBY CERTIFY, That I attended deceased from Jan 24 1907 to Jan 26 1907 that I last saw him alive on Jan 26 1907 and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

1 Month (DURATION) 24 DAYS

Contributory (Primary.) Congenital debility

1 Month (DURATION) 24 DAYS

(Signed) H. McPallack M.D.

Address 315 Professional Building

Date January 26 1907

Place of Burial COLLEGE OF P. & S.

Date JAN 28 1907 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

68

HEALTH DEPARTMENT, City of Baltimore

Ward 3

97675 Registered No. B 97675

CERTIFICATE OF DEATH.

170 ✓

(Place of Death.) No. Easton Disput Patapsco St. (If occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Maley

{Residence, if in Baltimore, Give Street and Number.} Mate

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ....., 1873

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Exposure

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 N Greene St

Date ..... 190 .....

Place of Burial COLLEGE OF P. & S.

Date JAN 28 1907 190 .....

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

26

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

931

CERTIFICATE OF DEATH. 97676

Registered No. B.....

City of Baltimore, (No. 303 W Gilmor St.; 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robt. Lewis Grigg

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: Sept 18 1906 (Month) (Day) (Year)

AGE: ..... years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Robt. J. Grigg

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Bessie C. White

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt J Grigg

(Address) 303 W Gilmor St

Filed 1/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 28 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 19 1907 to Jan 28 1907

that I last saw h... alive on Jan 28 1907,

and that death occurred, on the date stated above, at 6.00 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 7 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) [illegible] M. D.

Jan 28 1907 (Address) 303 W. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 30 1907

UNDERTAKER: J. Fisher & Son — ADDRESS: Carlton & Pa

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

97677

Registered No. B 97677

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. 134 N. Duncan Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Premature birth (girl)~~ Annie Schirmer

{Residence, if in Baltimore, Give Street and Number.} 134 N. Duncan Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Jan. 29. 1907

AGE: ____ years, ____ months, 12 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Anthony A. Schirmer

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Annie Bahn

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony A. Schirmer

(Address) 134 N. Duncan Alley.

Filed 1/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 29. 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 28 1907 to ____ 190____ that I last saw her alive on Jan. 28. 1907, and that death occurred, on the date stated above, at 2 o'clock A. M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis of Heart

(DURATION) 12 hours

Contributory (Primary.) Congenital debility

(DURATION) 12 hours.

(Signed) T. J. Sebold M.D.

Address 1001 Aisquith St.

Date Balto. Jan. 29. 1907

Place of Burial Holy Redeemer

Date Jan. 29 1907

Undertaker Jos. J. Myer

Address 1914 E. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF [illegible]

Ward 7

Registered No. B 97678

97678

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret Miller

{ Residence, if in Baltimore, Give Street and Number. } 815 S. Paca St.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

Female | COLOR White

DATE OF BIRTH — 1

AGE 70 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House Wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton B. Smith

(Address) St Denis . Md

Filed 1/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 29th. 1907.

I HEREBY CERTIFY, That I attended deceased from 1/21 1907 to 1/29 1907 that I last saw h[illegible] alive on 29 Jan. 1907, and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma.

(DURATION) 2 DAYS

Contributory (Primary.) Hemiplegia

(DURATION) 10 DAYS

(Signed) T. R. Miller M.D.

Address University Hosp.

Date 1/29 1907.

Place of Burial Baltimore Cem.

Date January 31 1907

Undertaker Wm. J. Tickner & Son

Address 423 W. Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 97679 — Registered No. B 97679

CERTIFICATE OF DEATH.

(Place of Death.) No. 2217 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary F. Walker

{Residence, if in Baltimore, Give Street and Number.} 2217 Jefferson st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 3rd 1905

AGE: 1 years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Anthony J. Walker

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Mrs. Nulse

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant: Anthony J. Walker

(Address 2217 Jefferson st

Filed 1/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27th 1906 to Jan 27th 1907

that I last saw h.. alive on Jan 26th 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Bronchial Pneumonia (DURATION) 4 DAYS

Contributory (Primary) (DURATION) 18 DAYS

(Signed) E. Ehrhart M.D.

Address 1419 E Eager st

Date Jan 27th 1907

Place of Burial Bonnie Brae

Date Jan 29th 1907

Undertaker Geo. M. Frank

Address 811 N. Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 97680 — Registered No. B 97680

CERTIFICATE OF DEATH.

(Place of Death.) No. 125 n Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bessie Keilson

{Residence, if in Baltimore, Give Street and Number.} 125 n Bond st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: 1

AGE: — years, 11 months, 28 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis Keilson

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fannie Silverman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Louis Keilson

(Address 125 n Bond st

Filed 1/29 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Jan 28 1907 that I last saw h[illegible] alive on Jan 27 1907, and that death occurred, on the date stated above, at 6 5 p. m. CAUSE OF DEATH (Secondary or Immediate)

Grippe

Pneumonia

3 wks (DURATION) DAYS

Contributory (Primary.)

Consumption (DURATION) 2 DAYS

(Signed) Chas F Blake M.D.

Address 623 w Balto

Date Jan 29 - 07

Place of Burial Washington Road

Date Jan 29 1907

Undertaker Mat Lennon

Address 113 S Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 97681 — Registered No. B 97681

CERTIFICATE OF DEATH.

166V

(Place of Death.) No. ~~Eli Shipper~~ City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eli Shipper

{Residence, if in Baltimore, Give Street and Number.} 3044 Cedar ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: July 28 1841

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: /

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Boat Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eli Skipper

(Address) 3044 Cedar ave

Filed 1/29 1907 HARRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at 12-30 P. M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Clot

(DURATION) DAYS

Contributory (Primary.) Accidentally struck by R.R. train (DURATION) DAYS

(Signed) Benj. J. Hayden Coroner M.D.

Address 1216 E. Caroline st

Date Jan. 27 1907

Place of Burial St Marys Cem. Hampstead

Date Jan 31 1907

Undertaker Jos Cook

Address 302 E. Northave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97682

City of Baltimore, (No. 1329 West [illegible] St.; 9 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Kohler

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female.
COLOR	White
DATE OF BIRTH	November 18 1859 (Month) (Day) (Year)
AGE	47 years, 2 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	America
FULL NAME OF FATHER	Thomas Farrell
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kohler

(Address) 1329 W Saratoga St

Filed 1/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 10 1906 to Jan 27 1907 that I last saw her alive on Jan 27 1907, and that death occurred, on the date stated above, at 7 15 P.M. The CAUSE OF DEATH was as follows:

Cirrhosis Liver

DURATION) DAYS

Contributory Intestinal Hemorrhage

DURATION) DAYS

(Signed) Howard E. Worden M.D.

Jan 27 1907 (Address) 735 E. Pratt St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Jan 30 1907
UNDERTAKER	ADDRESS
Wm Cook	1502 E Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 3

97683 Registered No. B 97683

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Balbina Kerner

{Residence, if in Baltimore, Give Street and Number.} 1636 Eastern Ave

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Holliday

(Address) Sant.

Filed 1/29 1907 MARY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 28 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 14 1907 to Jan. 28 1907 that I last saw h e alive on Jan 28 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral regurgitation
Cardiac dropsy,
Chronic diffused Nephritis (DURATION) DAYS

Contributory Primary Arteriosclerosis (DURATION) DAYS

(Signed) R R Nonnid M.D.

Address Bay View Hospital

Date Jan - 28 1907

Place of Burial Holy Rosary

Date January 30 1907

Undertaker Jacob Fiaffenwerk

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE

Ward 19 97684 Registered No. B 97684

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen'l Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Hennigar

{ Residence, if in Baltimore, Give Street and Number. } 918 N. Mulberry St

Duration of Residence in Baltimore. 8-0 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 18, 1828

AGE 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Kasper Kynde.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Woodward

(Address) Dulaneyville Balto Co Md

Filed 1/29 1907 HARRY O. ARMERS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to Jan 27, 1907

that I last saw her alive on Jan 27 1907

and that death occurred, on the date stated above, at 9-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's

?

..... (DURATION) ..... DAYS

Contributory (Primary.) Hypostatic

Cong. Lungs (DURATION) 3 DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hosp.

Date Jan 27 1907

Place of Burial New Cathedral

Date 1/30 1907

Undertaker Wm J Schilling

Address 9 S Poppleton St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward X 97685 Registered No. B 97685

CERTIFICATE OF DEATH.

431

(Place of Death.) No. City Hospital St. If Death occurred in Hospital or Institution give its Name instead of Street and No.

Full Name Kate Brady

{Residence, if in Baltimore, Give Street and Number.} 326 Courtland St

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 1/29 1907 DANL C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28-07 19

I HEREBY CERTIFY, That I attended deceased
Jan 24 1907 to Jan 28 19
that I last saw her alive on Jan 28
and that death occurred, on the date stated above, at
1. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION)

Contributory (Primary.)

(DURATION)

(Signed) C. C. Dorsey.

Address City Hospital

Date January 28 07

Place of Burial Sacred Heart

Date Jany. 29-07

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

97686 Registered No. B

1572

CERTIFICATE OF DEATH.

(Place of Death.) No. 135 Chapel St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Miley + Mamie Brown.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Bl.

DATE OF BIRTH: Jan 29th 1907

AGE: ... years, 3 hours. months. ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Miley Brown.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mamie Kirby.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Brown

(Address) 13 S. Chapel St

Filed 1/29/ 1907 HARRY R. HOFFMAN CITY REGISTRAR Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 29. 1907

I HEREBY CERTIFY, That I attended deceased from Jan 29. 1907 to Jan 29. 1907

that I last saw her alive on Jan 29 1907,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

Hemorrhage from cord.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital.

Date Jan 29. 1907.

Place of Burial Asbury Evergreen Cemetery

Date Jan. 30th 1907

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97687 Registered No. B 937

CERTIFICATE OF DEATH.

(Place of Death.) No. 600 N. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Donavan

{ Residence, if in Baltimore, Give Street and Number. } 600 N. Eden St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 6th 1906

AGE: ..... years, 10 months, 25 days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Daniel Donavan

BIRTHPLACE OF FATHER (State or country): Eng land.

MAIDEN NAME OF MOTHER: Mary Heber

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Donavan

(Address) 600 N. Eden St.

Filed 1/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 28 1907

I HEREBY CERTIFY, That I attended deceased from Jan 24 1907 to Jan 28 1907

that I last saw him alive on Jan 28 1907 3 P.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

C. Meningitis

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 7 DAYS

(Signed) Arthur Keffer M.D.

Address 1207 E. Monument St.

Date Jan 28 1907

Place of Burial Western Cemetery

Date Jan. 30 1907

Undertaker Henry Hoeck Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 97688 Registered No. B 97688

CERTIFICATE OF DEATH.

(Place of Death.) No. 1222 E Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel W. Tompkins

{Residence, if in Baltimore, Give Street and Number.} 1222 Ashland Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH July 2nd 1906

AGE 0 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Walter W. Tompkins

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie E. Volkmann

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1222 E. Ashland Ave

Filed 1/29 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1907

I HEREBY CERTIFY, That I attended deceased from Jan 25th 1907 to Jan 28 1907

that I last saw h[illegible] alive on Jan 28 1907,

and that death occurred, on the date stated above, at 10.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia (DURATION) 25 DAYS

(Signed) A Hegeforn M.D.

Address 1207 E Monument

Date Jan 28 1907

Place of Burial Mt. Olivet Cemetery

Date Jan. 31 st. 1907

Undertaker Henry Heck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in any city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, if the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person having charge of the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color**, and the **cause and date of death**, of the person deceased, and the **cause and date of death.**

Ward 7V 97689 Registered No. B 97689

81 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emory Spence

{ Residence, if in Baltimore, Give Street and Number. } 405 Lee St

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Spence

(Address) 211 Calhoun

Filed 1/29 1907 HARRY O. ENGERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6 1906 to Jan 28 1907 that I last saw h alive on Jan 28 1907 and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Aneurism of the Aorta (Ruptured)

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) E. S. Richardson M.D.

Address Johns Hopkins Hospital

Date January 29 1907

Place of Burial Laurel Md

Date Jan 29 1907

Undertaker Fun. H. Howard

Address 211 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

97690 Registered No. B 97690

CERTIFICATE OF DEATH.

1934

(Place of Death.) No. 414 N. Bradford St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Regina Botte

{Residence, if in Baltimore, Give Street and Number.} 414 N. Bradford St.

Duration of Residence in Baltimore. about 55 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May ~~1st~~ 1844

AGE: 62 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: don't know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Goetz

(Address) 414 N. Bradford St.

Filed 1/29 1907 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1907

I HEREBY CERTIFY, That I attended deceased from Jan 21 1907 to Jan 28 1907 that I last saw h alive on Jan 27 1907, and that death occurred, on the date stated above, at 12 30 A.M. CAUSE OF DEATH (Secondary or Immediate

(Ch. Asthma) Heart failure

(DURATION) DAYS

Contributory (Primary.) Pneumonia (DURATION) 30 DAYS

(Signed) A Thos Reynolds M.D.

Address 2031 Eutaw Place

Date Jan 28 1907

Place of Burial Holy Redeemer Cem.

Date Jan. 30 1/2 1907

Undertaker Germanus Thanz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 — 97691 — Registered No. B 97691

CERTIFICATE OF DEATH.

26

(Place of Death.) No. 2047 Bank St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida B. Horney

{Residence, if in Baltimore, Give Street and Number.} 2047 Bank St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Aug. 23rd 1878
AGE	28 years, 5 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Eli A. Beatty
BIRTHPLACE OF FATHER (State or country)	Baltimore Md.
MAIDEN NAME OF MOTHER	Mary M. Jones
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel L. Horney

(Address) 2047 Bank St.

Filed 1/29 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to Jan 27 1907 that I last saw her alive on Jan 27 1907, and that death occurred, on the date stated above, at 3:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Laryngeal Tuberculosis

18 mths ? (DURATION) DAYS

(Signed) A. L. Tumbleson M.D.

Address 2013 Bank st

Date Jan 28th 1907

Place of Burial Oak Lawn Cemetery

Date Jan. 30 1907

Undertaker Germans Frame

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97692

City of Baltimore, (No. 114, Pitings St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah J. Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct (Month) 2 (Day) 1852 (Year)

AGE: 54 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Jefferson Co. W. Va.

FULL NAME OF FATHER: John W. Thomas

BIRTHPLACE OF FATHER (State or country): Jefferson Co.

MAIDEN NAME OF MOTHER: Jane A. Brennan

BIRTHPLACE OF MOTHER (State or country): Jefferson Co

OCCUPATION OF DECEASED: Laundriper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Thomas

(Address) 114 Pitings St

Filed 1/29 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 19 1907 to Jany 28 1907

that I last saw h[illegible] alive on Jany 28 1907.

and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Coma

(DURATION) 2 DAYS

Contributory Paralysis

(DURATION) DAYS

(Signed) I. B. Adams M. D.

Jany 29 1907 (Address) 2124 St Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

[illegible] DATE OF BURIAL

Jefferson Co W. Va. Jan 30 1907

UNDERTAKER: Jos. Stumtebeck

ADDRESS: 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97693

City of Baltimore, (No. 1530 Hollins St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mariano Biasi

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Jan 11 (Month) (Day) 1827 (Year)

AGE: 79 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Italy.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J B Catanzaro

(Address) 1530 Hollins St

Filed 1/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 28 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 27 1907 to Jan 28 1907

that I last saw him alive on Jan 28 1907,

and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Hypostatic pneumonia

(DURATION) 7 DAYS

Contributory Confinement to bed and Extreme age (DURATION) DAYS

(Signed) C M Bueno M. D.

Jan 28 1907 (Address) 400 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: Jan 30 1907

UNDERTAKER: Robt J Turner | ADDRESS: Bty. Salem

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 97694 — Registered No. B 914

CERTIFICATE OF DEATH.

(Place of Death.) No. 232 Hickory Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick O'Brien

{Residence, if in Baltimore, Give Street and Number.} 232 Hickory Ave.

Duration of Residence in Baltimore. 45 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Dec. 22 1829

AGE: 77 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Michael O'Brien

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Anna Reilly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Cecila Norris

(Address) Roland Park

Filed 1/29 1907 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1907 to Jan 28 1907 that I last saw h[illegible] alive on Jan 27 1907, and that death occurred, on the date stated above, at 8 4 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 4 DAYS

Contributory (Primary) Dilatation of heart - Mitral insufficiency (DURATION) 4 years

(Signed) R B. Norment M.D.

Address 3347 Chestnut Ave

Date Jan 29th 1907

Place of Burial Cathedral Cemetery

Date Jan. 30, 1907

Undertaker Jd. W. Means & Son

Address 705 W. Calvert St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 97695 — Registered No. B [illegible] — 157 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vincent Loyd,

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf. Asy,

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Dec 27 1906

AGE: ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 1/29 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH, Jan. 28, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11 1907 to Jan 28 1907 that I last saw h[illegible] alive on Jan 29 1907, and that death occurred, on the date stated above, at 3 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) E H. Hayward M.D.

Address 1230 Cathedral

Date 1-28 1907

Place of Burial New Cathedral

Date Jan 30th 1907

Undertaker Martin Gahan & Lane

Address 106 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 97696

97696

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Mt. Hebron Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Benden

{Residence, if in Baltimore, Give Street and Number.} St Vincent Inf Asy,

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: Jan 8th 1907

AGE: ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant .....

(Address) St. V. I. Asy.

Filed 1/29 190.....

HARRY C. AHLERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 28th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 14 1907 to Jan 28 1907 that I last saw h[im] alive on Jan 28 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Ett. Hayward M.D.

Address 1250 W Cedar St

Date 1-29 1907

Place of Burial New Cathedral

Date Jan 30th 1907

Undertaker Martin Gahan & Lowe

Address 60 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 97697 Registered No. B 97697

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct. Infant Asylum, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name: John Bussler

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct. Inf. Asylum.

Duration of Residence in Baltimore. Lifetime,

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W.

DATE OF BIRTH: Dec 1st 1906

AGE: ..... years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Dinkstown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 1/29 1907 HARRY O. ANDREWS, CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 27, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1907 to Jan 27 1907 that I last saw him alive on Jan 27 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. N. Hayward, M.D.

Address 1230 N. Carolina st.

Date 1-28 1907

Place of Burial New Cathedral

Date Jan 30th 1907

Undertaker Martin Gahan Lane

Address 406 Lafayette ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11X 97698 Registered No. B 97698

CERTIFICATE OF DEATH.

1 157 V

(Place of Death.) No. St. Vincent Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Green

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Jan 1st. 1907

AGE: ....years, ...months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 1/29 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to Jan 27 1907 that I last saw h[illegible] alive on Jan 27 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

.....(DURATION) ....DAYS

Contributory (Primary.) .....

.....(DURATION) ....DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St

Date 1-28. 1907

Place of Burial New Cathedral

Date Jan 30th 1907

Undertaker Martin Fahey & Sons

Address 106 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19th

97699

Registered No. B 97099

CERTIFICATE OF DEATH.

42 V

(Place of Death.) No. 323 S Payson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clayton G Dixon

{Residence, if in Baltimore, Give Street and Number.} 323 S Payson St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 1st 1858

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Frederick Co. Md.

FULL NAME OF FATHER: Benjamin F. Dixon

BIRTHPLACE OF FATHER (State or country): fredrick co md

MAIDEN NAME OF MOTHER: Mary M. Greenewalt

BIRTHPLACE OF MOTHER (State or country): fredrick co md.

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt S. Brookes

(Address) 1204 W Baltic St

Filed 1/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 28 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Jan 28 1907

that I last saw him alive on Jan 28 1907,

and that death occurred, on the date stated above, at 12 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Cancer of Genito Urinary (DURATION) DAYS

(Signed) Walter A Leaf M.D.

Address 1703 Hollins St

Date Jan 29 1907

Place of Burial Mount Olivet Cem

Date 1-30th 1907

Undertaker Robt Brookes Son

Address S.E. Cor Calhoun & Hollins sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B 97700

CERTIFICATE OF DEATH.

(Place of Death.) No. 2029 N Boyd St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Doll

{Residence, if in Baltimore, Give Street and Number.} Life.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: August 28th 1905

AGE: 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry Doll

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Elizabeth Dearing

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Doll

(Address) 2029 Boyd St.

Filed 1/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28. 1907

2029 Boyd St Baltimore

I HEREBY CERTIFY, That I attended deceased from Jan 28 12 M 1907 to Jan 28 11 PM 1907 that I last saw him alive on Jan 28th 12 M 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate

Acute Bronchitis Consequent up. neglected measles. Exhaustion from

(DURATION) 6 DAYS

Con'tributory (Primary) Failure to have medical advice (DURATION) DAYS

(Signed) A. J. Bell, M.D.

Address 1321 W. Lanvale St.

Date Beth. Jan 29. 1907

Place of Burial Western Cemetery

Date Jan 30 1907

Undertaker Mrs Geo P Paulus

Address 210 Frederick ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19

97701 Registered No. B 97701

CERTIFICATE OF DEATH.

(Place of Death.) No. 1528 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maud P. Steward

{Residence, if in Baltimore, Give Street and Number.} 1528 Hollins St.

Duration of Residence in Baltimore. 17 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 29th 1876

AGE: 30 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Kent Co. Md.

FULL NAME OF FATHER: James Steward

BIRTHPLACE OF FATHER (State or country): Kent Co. Md.

MAIDEN NAME OF MOTHER: Emily F. Ford

BIRTHPLACE OF MOTHER (State or country): Kent Co., Md.

OCCUPATION OF DECEASED: Milliner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emily Steward

(Address) 1528 Hollins St

Filed 1/30 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany. 29th 1907

I HEREBY CERTIFY, That I attended deceased from Jany. 26 1907 to Jany. 29 1907 that I last saw h[e] alive on Jany. 28 1907, and that death occurred, on the date stated above, at 1.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Septic Peritonitis
(Non-puerperal)
(Female perforation) (DURATION) 2d DAYS

Contributory (Primary.) Ulcerating appendix. (DURATION) 6 DAYS

(Signed) R. A. Warner M.D.

Address 873 W. Lombard

Date Jany. 29th 1907

Place of Burial Ghosttown, Kent Co.

Date January 31 1907

Undertaker Walter B. Cook

Address 100 E. Pratt Baltimore City

WM. J. C. DULANY CO., BALTIMORE.

(37) SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 97702

Registered No. B

City of Baltimore, (No. 1913, Montrose St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha Ellemeyer Pindell

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH June 30 1859
Jan 28 1907
(Month) (Day) (Year)

AGE 47 years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Chas A Ellemeyer

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Elizabeth Cooper

BIRTHPLACE OF MOTHER (State or country) N. Carolina

OCCUPATION OF DECEASED housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm P. Pindell

(Address) 1913 Montrose St.

Filed 1/30 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 5 1906 to Jan 28 1907 that I last saw her alive on Jan 28 1907, and that death occurred, on the date stated above, at 9.25 P. M. The CAUSE OF DEATH was as follows:

Heart disease

15 yrs. (DURATION) DAYS

Contributory Grippe

(DURATION) 7 DAYS

(Signed) C. B. Brewster M. D.

Jan 28 1907 (Address) 1027 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Baltimore Cem. | DATE OF BURIAL Jan 31 1907

UNDERTAKER Joseph B Cook & Son | ADDRESS 1008 W Balto

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

934

CERTIFICATE OF DEATH.

Registered No. B 97703

City of Baltimore, (No. 207, N. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Shied Read

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ~~January~~ Nov. (Month) 8 (Day) 1851 (Year)

AGE: 55 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Saml. McKim Read

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Pencilla Kidd

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Street Paving

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Pencilla Read

(Address) 207 N. Carey St.

Filed 1/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 27 (Day), 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1907 to Jan. 27, 1907

that I last saw h[illegible] alive on Jan. 27, 1907,

and that death occurred, on the date stated above, at 2.20 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia.

(DURATION) 2 DAYS

Contributory Cardiac Asthenia

(DURATION) 5 hours

(Signed) G. A. Fliede M. D.

Jan. 27 1907. (Address) 705 N Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Chicago. How long at Place of Death? 13 Days

Where was disease contracted, if not at place of death? Balto. Md

PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Jan. 30 1907

UNDERTAKER: Joseph L. Cook ADDRESS: 1003 W. Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 97704 Registered No. B 97704

93V

CERTIFICATE OF DEATH.

Place of Death.) No. 19 Little Broadway St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah J Garner

{Residence, if in Baltimore, Give Street and Number.} 19 Little Broadway

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1836

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Dont Know

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Dont Know

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Henderson

(Address) 31 N. Carolina

Filed 1/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 26th 1907 to Jan 29th 1907 that I last saw her alive on " " 1907 and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) J. L. Duncan M.D.

Address 1733 Bank

Date 1 - 30 1907

Place of Burial Laurel Cemetery

Date January 31 1907

Undertaker John W. Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 97705 Registered No. B 97705

1547

CERTIFICATE OF DEATH.

(Place of Death.) No. 1000 Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie C Ross

{Residence, if in Baltimore, Give Street and Number.} 1000 Eutaw (631)

Duration of Residence in Baltimore. 60 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 10th 1821
AGE	85 years, 7 months, 19 days
~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. S Ross

(Address) 611 Scott St.

Filed 1/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 29 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11 1907 to Jan 29 1907 that I last saw h[er] alive on Jan 27 1907 and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate)

Senile Decay

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Grumpton M.D.

Address 517 Scott

Date Jan 29 1907

Place of Burial Baltimore Cem

Date Thurs Jan 31 1907

Undertaker Wm J Tekmeyer & Son

Address Camden & Paca

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97706 Registered No. B 97706

CERTIFICATE OF DEATH.

(Place of Death.) No. 2839 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Barbara Reinhardt

{Residence, if in Baltimore, Give Street and Number.} 2839 E. Fayette st

Duration of Residence in Baltimore. 56

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 28 1821

AGE 86 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Reinhardt

(Address) 516 N. Bradford st

Filed 1/30 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1906 to January 28 1907 that I last saw her alive on Jan 25, 1907, and that death occurred, on the date stated above, at 7 15 P. M. CAUSE OF DEATH (Secondary or Immediate) Chronic Interstitial Nephritis

(DURATION) 6 Mos

Contributory (Primary.) Exhaustion

(DURATION) 5 DAYS

(Signed) P E Lilly M.D.

Address 200 Cumberland St

Date January 29 1907

Place of Burial St Alphonsus Cemetery

Date JAN 31 1907 1907

Undertaker Christian Miller.

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

18 v

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97707

Registered No. B.....

City of Baltimore, (No. 622 N. Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. Henry Harris

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Hod carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Parks

(Address) 610 E. Fayette

Filed 1/30 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 28 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to Jan 28 1907 that I last saw h[e] alive on Jan 28 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Facial Erysipelas

(DURATION) 5 DAYS

Contributory Asthenia

(DURATION) 3 DAYS

(Signed) T Thomas M. D.

Jan 29 1907 (Address) 739 N Fay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	1/30 1907
UNDERTAKER	ADDRESS
W. H. Hine	10 W Baltimore

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 97708 — Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name James Lilly

{Residence, if in Baltimore, Give Street and Number.} 1131 Jefferson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH April 19th 1861

AGE 45 years, 9 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Lilly.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Mary Kelfyel

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Lilly.

(Address) 2013 Jefferson St

Filed 1/30 1907

BARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28 1907

I HEREBY CERTIFY, That I attended deceased from Dec-28 1906 to Jan. 28 1907 that I last saw him alive on Jan 28 1907 and that death occurred, on the date stated above, at 2.30 a.m. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Inguinal Adenitis (DURATION) Duke

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date January 28 1907

Place of Burial Mt. Calvary Cemetery

Date Jan. 30th 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 97709 Registered No. B 61 V

CERTIFICATE OF DEATH. 97709

(Place of Death.) No. 910 S. Wolf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Kern

{Residence, if in Baltimore, Give Street and Number.} # 910 S. Wolf St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 20th 1906

AGE: ..... years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Kern

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kern

(Address) 910 S. Wolfe St.

Filed 1/30 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 28th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 23 1907 to Jan. 28 1907 that I last saw him alive on Jan. 28 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 709 Aliceanna St.

Date Jan. 28th 1907

Place of Burial Oak Lawn Cemetery

Date Jan. 30th 1907

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97710 Registered No. B 97710

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Sarah Reed.

{ Residence, if in Baltimore, Give Street and Number. } 114 N 20th St.

Duration of Residence in Baltimore. 5yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR Col.

DATE OF BIRTH 1

AGE 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W. Widower

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Daniel Garner

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margret Burke

(Address) 1799 Maryland

Filed 1/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29- 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28. 1907 to Jan. 29 1907 that I last saw her alive on Jan 29 1907 and that death occurred, on the date stated above at — M. CAUSE OF DEATH (Secondary or Immediate)

Hemyplegia

(DURATION)

Contributory (Primary.) Nephritis.

(DURATION)

(Signed) W. A. Storey

Address City Hospital

Date January 29 1907

Locke Ward

Place of Burial Mt. Auburn Cem.

Date Jan 30. 1907

Undertaker P. J. Gilbert

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B 97711

CERTIFICATE OF DEATH.

(Place of Death.) No. 739 Pierce St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Mathews

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Bal

FULL NAME OF FATHER: dont no

BIRTHPLACE OF FATHER (State or country): dont no

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): dont no

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jamie Gibbins

(Address) 739 Pierce st

Filed 1/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29th 1907

I HEREBY CERTIFY, That I attended deceased from At Larone 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 1 1/2 DAYS

(Signed) J. D. Lobstack Coroner M.D.

Address 744 W. Lanvale

Date Jan 29th 1907

Place of Burial Mt. Auburn Cem

Date January 30, 1907

Undertaker John H. Toadvine

Address 1426 W. Fiel St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97712

City of Baltimore, (No. 226 W. Lee St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Dark

DATE OF BIRTH: Sept. (Month) 12 (Day) 1850 (Year)

AGE: 56 years, 4 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bedford

(Address) 226 W. Lee St.

Filed 1/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1907 to Jan. 28 1907 that I last saw her alive on Jan. 28 1907, and that death occurred, on the date stated above, at 4-20 P. M. The CAUSE OF DEATH was as follows:

Congestion and Cirrhosis of liver

(DURATION) — DAYS

Contributory

(DURATION) DAYS

(Signed) J. Tyler Smith M. D.

Jan 29 1907 (Address) 717 E. Camden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cem.

DATE OF BURIAL: Jan. 31 1907

UNDERTAKER: John H. Toadvine

ADDRESS: 142 W. Lee

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97213

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 97713

Registered No. B.....

City of Baltimore, (No. 705, Brunswick Ave., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John F. Stuntz

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 61 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER J. F. Stuntz

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Amelia Flugh

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Jeweler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna Stuntz

(Address) 705 Brunswick Ave.

Filed 1/30 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. (Month) 29th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 21st 1906 to Jan. 29th 1907 that I last saw him alive on Jan. 29th 1907, and that death occurred, on the date stated above, at 11.30 A. M. The CAUSE OF DEATH was as follows:

Angina Pectoris (DURATION) 5 hours

Contributory Endocarditis (DURATION) ..... DAYS

(Signed) Chas. Emil Brack M. D.

Jan. 29th 1907 (Address) 570 E. Lafayette Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Jan 31 1907

UNDERTAKER Wm Cook | ADDRESS 503 E. Lafayette Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97714

City of Baltimore, (No. 901 Edmondson Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Patrick J. Barlow.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	43 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	John Barlow
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Bridget E Hennessy
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 1/30 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 24 1907 to Jan 28 1907 that I last saw h[im] alive on Jan 28 1907, and that death occurred, on the date stated above, at 11[0]5 P. M. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia and Pleurisy.

(DURATION) 5 DAYS

Contributory Debility and pain attack Pleurisy (DURATION) 2 mos.

(Signed) Wm J McDonald M. D.

Jan 29th 1907 (Address) 1305 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 31 1907
UNDERTAKER	ADDRESS
M Cadogan	696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12

97715 Registered No. B 97715

151r

CERTIFICATE OF DEATH.

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Lina Richardson

{Residence, if in Baltimore, Give Street and Number.} 321 N. Hanburg St.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Jan 28 1907

AGE ..... years, ... months, 1/24 hr. ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28 1907 to Jan 28 1907

that I last saw h i s alive on Jan 28 1907

and that death occurred, on the date stated above, at 2:30 A. M. CAUSE OF DEATH (Secondary or immediate)

.....

.....

.....

..... (DURATION) ..... DAYS

Contributory (Primary.) Premature Infant

..... (DURATION) ..... DAYS

(Signed) E. O. Dees M.D.

Address 622 N. Loudon St.

Date Jan 28 1907

Place of Burial COLLEGE OF P. & S

Date Jan 28 1906

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

68

Ward 10 Registered No. B 97714

CERTIFICATE OF DEATH. B 97714 r

(Place of Death.) No. 721 N. Spring St. St. (If Death occurred in Hospital or institution give its Name instead of Street and Number.)

Full Name Joseph F. Gossmann 10

{ Residence, if in Baltimore, Give Street and Number. } 721 N. Spring St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 3, 1905

AGE 1 years, 4 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Martin Gossmann

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Ida Wilke

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Gossmann

(Address) 721 N. Spring St.

Filed 1/30 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30, 1907

I HEREBY CERTIFY, That I attended deceased from January 24 1907 to Jan 29, 1907 that I last saw him alive on Jan 29, 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or immediate.)

Measles

(DURATION) 9 DAYS

Contributory (Primary.) Gastro-Enteritis

(DURATION) 4 DAYS

(Signed) O. E. Lilly M.D.

Address 2001 Linwood Av

Date January 30, 1907

Place of Burial Holy Redeemer Cemetery

Date Jan. 31 1907

Undertaker Henry Hockschwender

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward XII 97717 Registered No. B 97717

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Morris.

{Residence, if in Baltimore, Give Street and Number.} 511 W Barre St

Duration of Residence in Baltimore. 33 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 48 yrs, ... mon'ths, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick McEntire

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/30 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29. 1907

I HEREBY CERTIFY, That I attended deceased from May 31. 1906 to Jany. 29. 1907 that I last saw her alive on Jany 29. 1907, and that death occurred, on the date stated above, at 4 o'c P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

(DURATION) 12 DAYS

Con'tributory (Primary) Phthisis

(DURATION) About 3 years

(Signed) J M Evans M.D.

Address Bay View Asylum

Date January 29. 1907

Place of Burial Mt Olivet Cem

Date Febry 1 1907

Undertaker Jos. Prendergast Son

Address 217 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97718

Registered No. B.....

City of Baltimore, (No. 28 Belair [redacted] ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Edward Comes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: white
DATE OF BIRTH: January (Month) 27th (Day) 1907 (Year)	
AGE: — years, — months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: John Comes	
BIRTHPLACE OF FATHER (State or country): Baltimore Co Md	
MAIDEN NAME OF MOTHER: Mamie Starnes	
BIRTHPLACE OF MOTHER (State or country): Baltimore Co Md	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Comes

(Address) 28 Belair Ave.

Filed 1/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 27th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 27th 1907 to January 27 1907

that I last saw him alive on January 27 1907,

and that death occurred, on the date stated above, at 10.7 M. The CAUSE OF DEATH was as follows:

Premature birth

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Joseph B. Webster M. D.

1907 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Forest Home Cemetery	Jan 30 1907
UNDERTAKER: Balto Co Md	ADDRESS
Henry C Lusby Jr	Fullerton Md

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — 97719 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2817 E. Fayette St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William S. Thomas

{Residence, if in Baltimore, Give Street and Number.} 2817 E Fayette st

Duration of Residence in Baltimore. 18 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Robert S Thomas

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Frances Woodham

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Thomas

(Address) 2817 E Fayette st

Filed 1/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 29th 1907

I HEREBY CERTIFY, That I attended deceased from January 14th 1907 to Jan 28th 1907

that I last saw h[illegible] alive on 11 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fuller M.D.

Address 9.6. Biddle St

Date Jan 30th 1907

Place of Burial Holy Redeemer

Date Feb 1 1907

Undertaker Frank Leach

Address 1904 Eutaw

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 97720 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 N. Kenwood Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Emma V. S Spicer

{Residence, if in Baltimore, Give Street and Number.} 106 N. Kenwood Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. 1876

AGE: 30 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ind.

FULL NAME OF FATHER: C. H. Boone

BIRTHPLACE OF FATHER (State or country): Ind.

MAIDEN NAME OF MOTHER: Isabel Parsons

BIRTHPLACE OF MOTHER (State or country): Ind.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. J. Spicer

(Address) 106 N. Kenwood ave

Filed 1/30 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 28. 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 16. 1906 to Jany 28. 1907 that I last saw h.. alive on " 27 1907. and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis (DURATION) About 7 mos. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N. Caroline St.

Date Jany 30. 1907

Place of Burial Loudon Park Cem

Date Jan. 31st 1907

Undertaker Ino. A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

97721

CERTIFICATE OF DEATH.

931

(Place of Death.) No. 707 Chapelle St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Selma F. Schaffer

{Residence, if in Baltimore, Give Street and Number.} 707 Chapelle st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: White

DATE OF BIRTH: Aug. 29th 1906

AGE: — years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Louis F. Schaffer

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Clara V. Simms

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis F. Schaffer

(Address) 707 Chapelle st

Filed 1/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 29th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immed

Pneumonia

..... (DURATION) 1 DAY

Contributory (Primary.) .....

..... (DURATION) ..... DAY

(Signed) Silas Bratton M.D.

Address 700 Log. av. (Corner)

Date January 30th 1907

Place of Burial Western Cem

Date Jan 30th 1907

Undertaker C. Schumacher's Sons

Address 1039 Columbia St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97722 Registered No. B .....

64V

CERTIFICATE OF DEATH.

(Place of Death.) No. 532 N. Neo Bruan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Wheeler

{Residence, if in Baltimore, Give Street and Number.} 0320 N. Neo Bruan

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1852

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed.

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Travers Collins

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Charles White

(Address) 1503 Brunt St

Filed 1/30 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1907

I HEREBY CERTIFY, That I attended deceased from Jan 27 1907 to Jan 29 1907 that I last saw h er alive on Jan 29 1907 and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Apoplexy

Cerebral necbs (DURATION) ..... DAYS

Con'tributory (Primary.) Over taxation

..... (DURATION) ..... DAYS

(Signed) Edward Wheatley M.D.

Address 1331 Dr Hill Ave

Date Jan 29 1907

Place of Burial Woodlawn Cemetery

Date Jan 31 1907

Undertaker Jno E. Hough Co.

Address 1422 Belnaan

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97723

City of Baltimore, (No. 1173 E. Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lotta Rosenthal

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Meyer Bornstein

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lottie Buckner

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Rosenthal

(Address) 1173 E. Lombard

Filed Jan 31 1907

PERMIT CLERK. J. ANDREWS,

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 30 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to Jan 30 1907 that I last saw h.. alive on Jan 29 1907, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Endocarditis —
Aortic Stenosis
Mitral " Insuff —
" (DURATION) — DAYS

Contributory .....
(DURATION) ..... DAYS

(Signed) N. Bruell M. D.

Jan 30 1907 (Address) 43 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Washington Rd Hebrew — DATE OF BURIAL: Jan 31 1907

UNDERTAKER: Max Levinson — ADDRESS: 1138 Lombard

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 97724 — Registered No. B 97[illegible] 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 913 Streeper St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Ott.

{Residence, if in Baltimore, Give Street and Number.} 913 Streeper St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 12 1858

AGE: 48 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Andrew Badhon.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Schmidet

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ott.

(Address) 913 Streeper St

Filed 1/31 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28th 1907 to Jan 30 1907

that I last saw her alive on Jan 29, 1907

and that death occurred, on the date stated above, at 3.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.) "

(DURATION) 3 DAYS

(Signed) W. L. Rexford M.D.

Address 910 S. Clinton St

Date Jan 30th 1907

Place of Burial Sacred Heart Cem.

Date Feb. 2nd 1907

Undertaker Germanus Franc

Address Bang & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

CERTIFICATE OF DEATH.

1791

(Place of Death.) No. 820 E. Madison st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Grazzia Di Gregorio 9725
Di Gregorio

{Residence, if in Baltimore, Give Street and Number.} 820 E. Madison st

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 15th 1864

AGE: 42 years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Grazzia Di Gregorio

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Octavia Di Mateo.

(Address) 207 S. Wolfe St.

Filed 1/31 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 29 January 1907

I HEREBY CERTIFY, That I attended deceased from 20 January 1907 to 29 January 1907 that I last saw h on alive on 29 January 1907 and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Barrows M.D.

Address 204 N. Greene Street

Date January 29. 1907

Place of Burial St. Vincents Cemetery

Date Jan 31st 1907

Undertaker Germanus Trance

Address S. E. Cor. Bank & Wolfe sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 97726 Registered No. B 97726

155

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Lillian Lamkin

{Residence, if in Baltimore, Give Street and Number.} 815 St Paul St

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ Single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER C B Lamkin

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John W. Lamkin

(Address) 416-8 St. N.E. Washington D.C.

Filed 1/31 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF ~~DEATH~~ Jan 30 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Accidentum Medicamentosum

..... (DURATION) DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) Fredk Camalier M.D.
Coroner

Address .....

Date Jan 30th 1907

Place of Burial Leedstown Va.

Date 2/1/07 190

Undertaker Herwig & Son

Address 200 S Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — Registered No. B 97727

10 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 22 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret S Conneyo

{Residence, if in Baltimore, Give Street and Number.} 22 N Washington Street

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 3rd 1842

AGE: 64 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: J. L. Guthrie

BIRTHPLACE OF FATHER (State or country): Maine

MAIDEN NAME OF MOTHER: Ann Maria Marshall

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J L Guthrie

(Address) 22 N. Washington St

Filed 1/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27 1907

I HEREBY CERTIFY, That I attended deceased from January 24 1907 to January 27 1907 that I last saw her alive on January 27 1907, and that death occurred, on the date stated above, at 9.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Grip Broncho pneumonia

(DURATION) Ten DAYS

Contributory (Primary.)

Respiratory failure (DURATION) one DAYS

(Signed) G. G. Rusk M.D.

Address 1703 E Baltimore Street

Date January 28 1907

Place of Burial Mt Carmel Cem

Date January 31 1907

Undertaker Allen Fuller

Address 2013 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 97728 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 523 N. Glover St – St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie Plitt

{Residence, if in Baltimore, Give Street and Number.} 523 N. Glover St –

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Sept 28 1887

AGE 19 years, 4 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Edward J. Plitt,

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lena Baltz.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Saleslady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward J. Plitt Jr

(Address) 520 N. Glover St

Filed 1/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 29th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Jan 29 1907

that I last saw h[illegible] alive on " 28 1907

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pul. Tuberculosis –

6 mos – (DURATION) DAYS

Contributory (Primary.) Pneumonia)

2 (DURATION) DAYS

(Signed) Chas. S. Neer M.D.

Address 619 S Patterson Park Ave

Date Jan. 29. 1907

Place of Burial Lwarts Central

Date Jan 31 07 1907

Undertaker Jacob Ahrens & Co

Address 754 N Entaw st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

97729

Registered No. B.....

City of Baltimore, (No. 204 N. Central ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaac Pinus

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Samuel Pinus

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Engel Pinus

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Watch Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Pinus

(Address) 2204 Eutaw Ave

Filed 1/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from — 190 to Jan 29 1907

that I last saw him alive on Jan 29 1907.

and that death occurred, on the date stated above, at 11.45 A. M. The CAUSE OF DEATH was as follows:

Infirmities of old age.

weak heart.

(DURATION) several years DAYS

Contributory Dropsy

(DURATION) 3 months DAYS

(Signed) Howard L. Silver M. D.

Jan 30 1907 (Address) 1914 Bolton St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mitts & Hebrew | DATE OF BURIAL Jan 31 1907

UNDERTAKER J. Ames & Co | ADDRESS 704 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 37750 Registered No. B

CERTIFICATE OF DEATH.

41 V

(Place of Death.) No. 1236 Greenmount ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca Frames

{Residence, if in Baltimore, Give Street and Number.} 1236 Greenmount ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 12 1837

AGE: 69 years, 1 months, 18 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Geo Edward Heffner

BIRTHPLACE OF FATHER (State or country): Staten Island N.Y.

MAIDEN NAME OF MOTHER: Elizabeth Reese

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Heffner

(Address) 508 N. Broadway

Filed 1/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 29 1907

I HEREBY CERTIFY, That I attended deceased from Jan 26 1907 to Jan 29 1907

that I last saw her alive on Jan 29 1907

and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of intestines and peritoneum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Pearce M.D.

Address 1238 Greenmount

Date 190

Place of Burial Greenmount Cem.

Date JAN 31 1907 190

Undertaker Wm. J. Dy.

Address 231 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 97731

10 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 110 N. Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Weinert

{Residence, if in Baltimore, Give Street and Number.} 110 N. Fremont Ave

Duration of Residence in Baltimore. 14 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 26th 1864

AGE: 42 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: August Weinert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Insurance Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Weinert

(Address) 110 N. Fremont Ave

Filed 1/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (3)1st 1907

I HEREBY CERTIFY, That I attended deceased from Jan 13th 190 to Jan 30th 190 7

that I last saw h-m alive on Jan 30th 190 7

and that death occurred, on the date stated above, at 10

11. CAUSE OF DEATH (Secondary or Immediate)

Effusion in Meninges

(DURATION) 1 DAYS

Contributory (Primary.) Influenza

(DURATION) 13 DAYS

(Signed) Wm Gambel M.D.

Address 1704 Madison Ave

Date Jan. 31st 1907

Place of Burial Western Cem

Date Feb. 2nd. 1907

Undertaker Jas. & Jas. John H. Sentz

Address 201 N. Fayette St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 97732 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1129 N. Carey st (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bertha Korb

{Residence, if in Baltimore, Give Street and Number.} 1129 N. Carey st

Duration of Residence in Baltimore. 37 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Mar 9th 1856

AGE: 50 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Korb

(Address) 1129 N Carey St.

Filed 1/31 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1905 to Jan 30th 1907 that I last saw h[illegible] alive on Jan 29th 1907, and that death occurred, on the date stated above, at 8.50 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Liver

16 month (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. F. Hill M.D.

Address 1001 Edmondson Ave

Date Jan 30th 1907

Place of Burial London Park

Date Feb 1 1907

Undertaker Geo. Weber

Address 115 S. N. Carey st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

93V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Edward Johnson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 4 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX Col. Mal. | COLOR Col.

DATE OF BIRTH ..... 1 .....

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/31 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan 24 1907 to Jan 28 1907

that I last saw him alive on Jan 28 1907

and that death occurred, on the date stated above, at ..... a. m. CAUSE OF DEATH (Secondary or Immediate

Pneumonia —

Thrombosis — from

bowel rupture (DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. A. Bond M.D.

Address City Hospital

Date January 28 1907

Place of Burial COLLEGE OF P. & S

Date JAN 30 1907 1907

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

94

Ward 10 97754 Registered No. B

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Matthews

{Residence, if in Baltimore, Give Street and Number.} Colored Prisoner Sts (this and)

Duration of Residence in Baltimore. 2yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black.

DATE OF BIRTH ..... 1 .....

AGE 25 years, ... months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Newport News. Va

FULL NAME OF FATHER Geo Matthews

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Ellen Gordon

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Mayer

(Address) Md Penitentiary

Filed 1/31 190 7 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to Jan 25 190 7

that I last saw h.. alive on Jan 25 190 7

and that death occurred, on the date stated above, at 3 M. CAUSE OF DEATH (Secondary or Immediate)

Phthysis Pulmonalis

H. ..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thurdon Brooke Jr M.D.

Address 1808 N. Charles St.

Date Jan 26 1907

Place of Burial COLLEGE OF P. & S

Date JAN 30 1907 190 ....

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5/

Ward 19 — 97735 — Registered No. B 97735 9V

CERTIFICATE OF DEATH.

(Place of Death.) No. 41 Rail Road Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Elmer Parks

{Residence, if in Baltimore, Give Street and Number.} 41 Rail Road Ave

Duration of Residence in Baltimore. 2 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar. 26 1905

AGE: 1 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Thomas C. Parks

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Mary Hahn

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: In Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas C. Parks

(Address) 41 Railroad Ave

Filed 1/31 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 26 1907 to Jan 31 1907 that I last saw him alive on Jan 30 1907 and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D. Wolman M.D.

Address 206-8 Lan

Date Jan 31 1907

Place of Burial St Mary's

Date Jan 54 1907

Undertaker J. S. Mansfield

Address 331 Rail Road 4 P.M.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 A 97736 Registered No. B

297

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Elizabeth Bikle.

{ Residence, if in Baltimore, Give Street and Number. } Hagerstown Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 4 1870

AGE 36 years, 10 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John L. Bikle

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Georgia Ridgeway

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. V. White

(Address) 1712 Guilford ave

Filed 1/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 23d 1907 to Jan. 30th 1907

that I last saw her alive on Jan. 30th 1907

and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Embolus (probably)

following operation for —

Tuberculosis of Caecum & Appendix (DURATION) DAYS

Contributory (Primary.)

Gen. Tuberculosis (DURATION) DAYS

(Signed) T. F. Riggs M.D.

Address 1514 Eutaw St.

Date 1/30 1907

Place of Burial Hagerstown Md.

Date Feb 2nd 1907

Undertaker Wm. J. Tickner Sons

Address Camden & Paca Sts.

WM. J. C. DULANY CO., BALTIMORE.

1712 Riggs ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97737 Registered No. B 97737

135 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 2629 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislawa Malecka.

{ Residence, if in Baltimore, Give Street and Number. } 2629 Hudson St

Duration of Residence in Baltimore ..... 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ~~Jany 29~~ ~~1907~~

AGE: 31 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Albert Poszymanski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maggie Bochenski

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Malecki

(Address) 2629 Hudson St

Filed 1/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 29 1907

I HEREBY CERTIFY, That I attended deceased from Jany 29 1907 to Jany 29 1907 that I last saw her alive on Jany 29 1907, and that death occurred, on the date stated above, at ~~1.30~~ P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonal Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) C. L. Long M.D.

Address 2429 Baid Ave

Date Jany 30 1907 ✓

Place of Burial Holy Rosary.

Date Friday Feby 1 " 1907

Undertaker M. F. Sadowski.

Address 703 S. Conk. Dr

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 97738 Registered No. B 97738

CERTIFICATE OF DEATH.

(Place of Death.) No. 629 George St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Priscilla Johnson

{Residence, if in Baltimore, Give Street and Number.} 629 George St

Duration of Residence in Baltimore. 34 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Johnson.

(Address) 629 George St.

Filed 1/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Jan 1907

that I last saw her alive on Jan 29 1907

and that death occurred, on the date stated above, at 4 M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure with Pulmonary Oedema

(DURATION) DAYS

Con'ributory (Primary.) Valvular heart disease

(DURATION) DAYS

(Signed) L L Hankins M.D.

Address 1202 Hill Ave

Date January 31 1907

Place of Burial Mt Auburn Cemetery

Date February 1st 1907

Undertaker Felix B Frye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 4 — 97739 — Registered No. B [illegible]

92 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Baylor

{Residence, if in Baltimore, Give Street and Number.} 665 Vine St-

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM

Filed 1/31 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29 1907

I HEREBY CERTIFY, That I attended deceased from June 1, 190[illegible] to Jany. 29. 1907

that I last saw her alive on Jany. 29. 1907

and that death occurred, on the date stated above, at 10.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) ? DAYS

Contributory (Primary.) Broncho - pneumonia (DURATION) 14 DAYS

(Signed) H. M. Owings M.D.

Address Bay View Asylum

Date January 29. 1907

Place of Burial Laurel Cemetery

Date February 1st 1907

Undertaker Felix P. Pye.

Address 102 & Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] Registered No. [illegible]

CERTIFICATE OF DEATH. 97740

(Place of Death.) No. 134 Gilling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret S Johnson

{Residence, if in Baltimore, Give Street and Number.} 134 Gilling St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 7 1843

AGE 63 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Joseph Roberts.

BIRTHPLACE OF FATHER (State or country) Del.

MAIDEN NAME OF MOTHER Catherine Lewis

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Johnson daughter

(Address) 134 Gilling St

Filed 1/31/ 1907 HARRY D. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at 1:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Organic disease of the Heart.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos M Feinhardt M.D.

Address Coroner

Date January 29 1907

Place of Burial Mt. Olivet

Date February 1 190

Undertaker John E Ennis & Son

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 97741 Registered No. B

CERTIFICATE OF DEATH.

47V

(Place of Death.) No. 549 W Baare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles C Franklin

{Residence, if in Baltimore, Give Street and Number.} 549 W Baare st

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1.....

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Carroll co Md

FULL NAME OF FATHER Benson H Franklin

BIRTHPLACE OF FATHER (State or country) Carroll co Md

MAIDEN NAME OF MOTHER Annie D Piquett

BIRTHPLACE OF MOTHER (State or country) Lowad co Md

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Perry S Franklin

Address 549 W Baare st

Filed 1/31 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28 1907 to Jan 31 1907 that I last saw h-- alive on Jan 31 1907 and that death occurred, on the date stated above, at 6 50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

..... (DURATION) ..... DAYS

Contributory (Primary.) Acute Rheumatism (DURATION) ..... DAYS

(Signed) S. M Lamparin M.D.

Address 602 S Paca st.

Date Jan 31 1907

Place of Burial Woodbine Carroll co Md

Date Feb 3 1907

Undertaker John J Bowan

Address 909 Hollins st

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97742

CERTIFICATE OF DEATH.

(Place of Death.) No. Hosp. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Victoria Britton

{Residence, if in Baltimore, Give Street and Number.} 2104 Jefferson Place

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: Adam Swan

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary F. Mingol

(Address) 2104 Jefferson Place

Filed 1/31 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 29th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Burns

..... (DURATION) 7 DAYS

Contributory (Primary.)

Accident (DURATION) DAYS

(Signed) Wm Baldwin M.D.

Address 700 Lap. av. Towson

Date January 30th 1907

Place of Burial Holy Redeemer

Date Feb. 2d 1907

Undertaker Wendell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B 97743

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanche Sherwette

{ Residence, if in Baltimore, Give Street and Number. } Woodlawn Station Baltimore Co

Duration of Residence in Baltimore. in Hospital Nineteen days

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Jan 23 1878

AGE 29 years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm E. Sherwette

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Augusta Miller

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Emory J Sherwette

(Address) Woodlawn Md

Filed 1/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 30th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicemia

(DURATION) 13 DAYS

Contributory (Primary.) Accidental Shot

Railroad injuries (DURATION) 13 DAYS

(Signed) Wm Baramin M.D.

Address 708 Lafayette (County)

Date Jan. 31st 1907

Place of Burial Lorraine Cemetery

Date Feb 2nd 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

Remove to 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the undertaker employed to bury the body, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 ... Registered No. 97749 66

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Stahl

{Residence, if in Baltimore, Give Street and Number.} 20 E. York st

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 28 1857

AGE: 49 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Miss A. Stahl

(Address) 629 Light St

Filed 1/31 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 27 1907 to Jan 31 1907 that I last saw him alive on Jan 31 1907 and that death occurred, on the date stated above, at 1.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION)

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date Jan 31 1907

Place of Burial Balto Cemetery

Date Jan 31 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

15m

CERTIFICATE OF DEATH.

Registered No. B 97745

City of Baltimore, (No. 449, Pinkney Place St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Donohue

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Jan (Month) 18 (Day) 1907 (Year)	
AGE: — years, — months, 13 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Jas Donohue	
BIRTHPLACE OF FATHER (State or country): Balto	
MAIDEN NAME OF MOTHER: Mary McHale	
BIRTHPLACE OF MOTHER (State or country): Ireland	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Donohue

(Address) #449 Pinkney Place

Filed 1/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 28 1907 to Jan 30 1907

that I last saw him alive on Jan 30 1907

and that death occurred, on the date stated above, at 1 A.M. The CAUSE OF DEATH was as follows:

Umbilical Hemorrhage
& Collapse

(DURATION) 3 DAYS

Contributory —

(DURATION) DAYS

(Signed) Jno A Fred Dennan M. D.

Jan 31 1907 (Address) 808 1st Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	Feb 1st 1907
UNDERTAKER: A F Phelan	ADDRESS: Monument

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 97745 Registered No. B

CERTIFICATE OF DEATH.

97746

(Place of Death.) No. 1039 Forest Pl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes C Peters

{Residence, if in Baltimore, Give Street and Number.} 1039 Forest Pl

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 15 1871

AGE 36 years, 10 months, 14 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Owens

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Elwood

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Peters

(Address) 1039 Forrest Place

Filed 1/31 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Jan 29 1907 that I last saw her alive on Jan 28 1907 and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary ~~tuberculosis~~ Tuberculosis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) James M Kinlon M.D.

Address 700 E Chase St

Date Jan 29 1907

Place of Burial Texas Balto Co. Md

Date Feb 1 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 97747

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. 1434 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo H. Gibeon

{Residence, if in Baltimore, Give Street and Number.} 1434 Hanover St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Aug 13. 1886

AGE: 20 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Thomas H. Gibeon

BIRTHPLACE OF FATHER (State or country): Baltimor Md.

MAIDEN NAME OF MOTHER: Teresa M. Mulligan.

BIRTHPLACE OF MOTHER (State or country): Baltimor Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas H. Gibeon

(Address) 1434 Hanover St

Filed 1/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 29th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 11 1906 to Dec 29 1906 that I last saw him alive on Dec 28 1906 and that death occurred, on the date stated above, at 11-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Lobar Pneumonia
Uncertain

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W. B. Burdine M.D.

Address 828 N. Courtland

Date Jan 30 1907

Place of Burial Cathedral Cemetery

Date February 2nd 1907

Undertaker Daniel and Margaret G. Flynn

Address 42 East West Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97748

City of Baltimore, (No. 1713 McCubbin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fanny Berry

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1 (Month) 30 (Day) 1907 (Year)

AGE: about 60 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Charles Co Md

FULL NAME OF FATHER: could not get information

BIRTHPLACE OF FATHER (State or country): - -

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sylvester Bush

(Address) 1713 McCubbin St

Filed 1/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1 (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 26 1907 to Jan 30 1907 that I last saw h.. alive on Jan 26 - 1907, and that death occurred, on the date stated above, at 10 25 P.M. The CAUSE OF DEATH was as follows:

Paralysis (DURATION) 5 DAYS

Contributory Stomach (DURATION) ..... DAYS

(Signed) John Ayd M. D.

Jan 31 1906 (Address) 1937 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Woodberry Evergreen Cemetery

DATE OF BURIAL: Feby 1st 1907

UNDERTAKER: Fetig & Pye

ADDRESS: 1026 E Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 9749 — Registered No. B [illegible] 116

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Booker

{Residence, if in Baltimore, Give Street and Number.} Station E, W. Arlington, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B

DATE OF BIRTH: March 26 1887

AGE: 19 years, 10 months, c days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: c

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: c

BIRTHPLACE OF MOTHER (State or country): c

OCCUPATION OF DECEASED: Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Svendsen

(Address) 217 S. Paca st

Filed 1/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 30, 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1907 to Jan. 30 1907 that I last saw h in alive on Jan. 30 1907 and that death occurred, on the date stated above, at 12:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) General Peritonitis (DURATION) DAYS

(Signed) J. N. Smith Jr. M.D.

Address Univ. Hospital

Date Jan. 30, 1907

Place of Burial Bohaltan Old Kenyon

Date Jan 31 1907

Undertaker Jos. Svendsen, Son

Address 217 S. Paca st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 9750 Registered No. B 9750

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. 1625 Eastern av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Dombrowska

{Residence, if in Baltimore, Give Street and Number.} 53 Baltimore

Duration of Residence in Baltimore. 8 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 20 1845

AGE: 61 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: Paul Kulczynski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marcis Plaszynski

(Address) 1625 Eastern av

Filed 1/31 1907 HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31 1907

I HEREBY CERTIFY, That I attended deceased from January 29 1907 to January 30 1907 that I last saw h alive on January 30 1907, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 4 DAYS

Contributory (Primary.) Bronchitis (DURATION) 10 DAYS

(Signed) S. J. Szumalski M.D.

Address 722 S. Ann st

Date January 31 1907

Place of Burial Holy Rosary Cem.

Date Feb 2 1907

Undertaker J. Zagkowski

Address 428 S Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 1 — 97751 — Registered No. B ... 137

CERTIFICATE OF DEATH.

(Place of Death.) No. 1722 Harford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M Wilson

{Residence, if in Baltimore, Give Street and Number.} 1722 Harford ave

Duration of Residence in Baltimore. 19 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 26th 1876

AGE: 30 years, 10 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Charles B Dietz

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Martha Miller

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sallie E Spering amt

(Address) 1722 Harford ave

Filed 1/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30 1907

I HEREBY CERTIFY, That I attended deceased from Dec 24 1906 to Jan 30 1907 that I last saw her alive on Jan 30 1907, and that death occurred, on the date stated above, at 1020 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enterinus Colitis and Peritonitis

(DURATION) 35 DAYS

Contributory (Primary.) Pregnancy & Child birth (Born 18th inst.) (DURATION) 15 DAYS

(Signed) Chas E Elwell M.D.

Address 1240 Harford ave

Date Jan 31, 1907

Place of Burial Mountain Christian Church Cem Harford Co Md

Date February 2nd 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97752

City of Baltimore, (No. 414 Saunders St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jno Edward Ulrich

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov (Month) 5 (Day) 1900 (Year)

AGE: 6 years, 2 months, 24 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Ulrich

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mamie Butler

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ulrich

(Address) 421 Eastlement

Filed Febr 1st 1907

HARRY S. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from on Jan 29 1907 to ..... 190..

that I last saw him alive on Jan 29 1907,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Pertussis Pneumonia

(DURATION) 5 DAYS

Contributory General Asthenia

(DURATION) 2 DAYS

(Signed) J. Wesley Cole M. D.

Jan 31 1907 (Address) 736 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Feb 1 1907

UNDERTAKER: John J. Daley ADDRESS: 1232 Fulton Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

8 IV

CERTIFICATE OF DEATH.

97753

Registered No. B .....

City of Baltimore, (No. 1334 Myrtle Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis Bauer.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 23 (Day) 1823 (Year)

AGE: 84 years, 10 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Adam Bauer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Not Employed

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. A. Bauer

(Address) 1334 Myrtle Ave

Filed Feb 1st 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 30 (Day), 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 26 1907 to Jan 30 1907

that I last saw h in alive on Jan 30 1907,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Arteriosclerosis
Senile Decay
(old age)
Six years (DURATION) ..... DAYS

Contributory Coma
(DURATION) 3 DAYS

(Signed) John F. Abercrombie

Jan 31 1907 (Address) 827 St Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Feb 1 1907

UNDERTAKER: J. Emmert & Co

ADDRESS: 704 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97754

40V

CERTIFICATE OF DEATH.

(Place of Death.) No. Walrad ~~Ave~~ St. Irvington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Lightwardt

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: white | COLOR: male

DATE OF BIRTH: November 11 1833

AGE: 73 years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Lightwardt

(Address) Irvington

Filed 2/1 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 14th 1906 to Jan. 31st 1907

that I last saw him alive on Jan 31st 1907

and that death occurred, on the date stated above, at 4P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 2 hours. DAYS

Contributory (Primary) Hepatic Cancer

Do not Know (DURATION) DAYS

(Signed) Wm Gumbel M.D.

Address 1704 Madison Ave.

Date Feb 1st 1907

Place of Burial London Park Cem.

Date Feb. 3rd 1907

Undertaker Jno & Jno H. Teufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 97755 Registered No. B 97755 170

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie Meyser

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 32 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1815

AGE: 92 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: John Meyser

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Servante

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley Sts

Filed 2/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan: 31st 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[er] alive on Jany 31 1907

and that death occurred, on the date stated above, at 2 p.m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

3 mos in bed (DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date Jany 31 1907

Place of Burial Holy Cross

Date Feb: 2d 1907

Undertaker Henry C Wiedefeld

Address 914 Greenmount av:

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 97756 Registered No. 67 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 119 W. Franklin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Matilda Lewis

{Residence, if in Baltimore, Give Street and Number.} 119 W. Franklin St.

Duration of Residence in Baltimore. 36 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1812

AGE 95 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Felix B Tyl

(Address 102 E Mulberry St

Filed 2/1 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31st 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 25 1907 to Jan 31 1907 that I last saw her alive on Jan 31 1907 and that death occurred, on the date stated above, at ... P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Paralysis

(DURATION) 6 hrs

Con'tributory (Primary.) General Paralysis (DURATION) 5 DAYS

(Signed) L. K. Hoffman M.D.

Address 702 W. Hazlewood Av.

Date January 31st 1907

Place of Burial Cathedral Cemetery

Date February 2 1907

Undertaker Felix B. Tyl

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — Registered No. B 9775 — 157V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thomas Brummel

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. 2.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Blk
DATE OF BIRTH	Dec. 26 1906
AGE	— years. 1 months. — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	[illegible]
BIRTHPLACE OF FATHER (State or country)	[illegible]
MAIDEN NAME OF MOTHER	[illegible]
BIRTHPLACE OF MOTHER (State or country)	[illegible]
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. McClannan

(Address) 208 Madison Ave.

Filed 2/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 30 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 12 1907 to Jan. 30 1907 that I last saw h[illegible] alive on Jan. 29 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexis McClannan M.D.

Address 208 Madison Ave

Date Jan. 30 1907

Place of Burial Cathedral Cemetery

Date February 1 1907.

Undertaker Felix D. Day

Address 102 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 97758 — Registered No. B 97758

CERTIFICATE OF DEATH.

92 V

(Place of Death.) No. 206 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Gross

{Residence, if in Baltimore, Give Street and Number.} 206 W. Hamburg St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored

DATE OF BIRTH: 1

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Saml. Gross

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Gross

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Gross

(Address) 206 W Hamburg

Filed 2/1 1907

HARRY C. [illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1907

I HEREBY CERTIFY, That I attended deceased from Jan 21 1907 to Jan 29 1907

that I last saw h[illegible] alive on Jan 29 1907

and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate.)

P Pneumonia

O H Amos (DURATION) Acute DAYS

Con'tributory (Primary.) [illegible] (DURATION) DAYS

(Signed) O. H. Amos M.D.

Address 1125 S. Chas St

Date Jan 31st 1907

Place of Burial Mt Auburn

Date Feb 1 1907

Undertaker Jno H. Tracey

Address 542 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward P 9773? Registered No. B 1760

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Mi. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gilmore Baldwin

{Residence, if in Baltimore, Give Street and Number.} 114 Hinton St.

Duration of Residence in Baltimore. ——— Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Spencer Boulding

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary E. Phlegmar

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Boulding

(Address) 823 Raborg St

Filed 2/1 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 30 th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 26th 1907

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Internal Hemorrhage, following Pistol Ball Wound of Abdomen

(Homicide) a.d.J.

(DURATION) 2 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. D. Schwartz Coroner M.D.

Address 711 W. Lombard

Date Jany 31 st 1907

Place of Burial Laurel Cem.

Date Feb. 4 1907

Undertaker Jno. V. Swadron

Address 142 Woodyard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 — Registered No. B 97760 — 79 r

CERTIFICATE OF DEATH.

(Place of Death.) No. 919 Amity court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nancy Bacon

{Residence, if in Baltimore, Give Street and Number.} Above

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Colored

DATE OF BIRTH —

1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Marriage

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bell Freland

(Address) 919 Amity Court

Filed 2/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 29, 1907

I HEREBY CERTIFY, That I attended deceased from As known 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Zellers Coroner M.D.

Address 711 N. Lanvale

Date 1, 30, 1907

Place of Burial Laurel Md.

Date Feb 1, 1907

Undertaker Alfred J. Freland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97781 92r

CERTIFICATE OF DEATH.

(Place of Death.) No. 1002 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie T Morwood

{Residence, if in Baltimore, Give Street and Number.} 1002 W Lombard st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 15 1885

AGE 21 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John A Morwood

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Sarah Cronin

BIRTHPLACE OF MOTHER (State or country) Cincinnati Ohio

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Morwood

(Address) 1002 Lombard st.

Filed 2/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30 1907

I HEREBY CERTIFY, That I attended deceased from Jan 27 1907 to Jan 30 1907 that I last saw h.r alive on Jan 30 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Heart failure & Collapse sudden (DURATION) DAYS

(Signed) Jos. E. Muse M.D.

Address 535 Columbia ave

Date Jan 31 1907

Place of Burial Cathedral Cemetery

Date Feb 2/07 1907

Undertaker Henry L. Browning

Address 5. S. Poppleton st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 — Registered No. B 97762

CERTIFICATE OF DEATH.

(Place of Death.) No. 822 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pavel Janosi

{ Residence, if in Baltimore, Give Street and Number. } 822 N. Durham st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Malegun Janosi

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Mary Hrda

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mate Janosi

(Address) 822 N. Durham St

Filed 2/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 31 1907 to Jan 31 1907 that I last saw h.. alive on Jan 31 1907, and that death occurred, on the date stated above, at 4. A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Alf S Sage M.D.

Address 727 N Broadway

Date 1/31/07 1907

Place of Burial Holy Redeemer

Date Feb. 1 1907

Undertaker Frank Brach

Address 904 Gilsland Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97763

City of Baltimore, (No. 1730 W Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Victoria Hart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas J Hart

BIRTHPLACE OF FATHER (State or country): London Eng.

MAIDEN NAME OF MOTHER: Marg. G. Hafferty

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R H Smith

(Address) 1527 W Fayette St

Filed 2/10 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: JAN 31 1907 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to JAN 31 190

that I last saw her alive on June 30 1907.

and that death occurred, on the date stated above, at 4.30 A. M. The CAUSE OF DEATH was as follows:

Carcinoma Pectoris
was ill about a month
did not use Medicines

(DURATION) ..... DAYS

Contributory Cardiac Failure

(DURATION) ? DAYS

(Signed) J. L. Friedenwald M. D.

JAN 31 1907 (Address) N. E. Cor. Lafayette & Carrollton Aves

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 2 1907

UNDERTAKER: E. W. Mitchell

ADDRESS: 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97764

City of Baltimore, (No. 1818 Madison Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret A. Elliott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) (Day) 1840 (Year)

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George A. Richstein

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Elizabeth R Tinkiver

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Diggs

(Address) 1818 madison ave

Filed 2/1 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 30 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from December 1906 to Jany 30 1907

that I last saw h alive on Jany 30 1907,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Myocarditis Chronic

Four weeks (DURATION) DAYS

Contributory Cardiac Paralysis

4 weeks (DURATION) DAYS

(Signed) Joseph Blum M. D.

Jy 31 1907 (Address) 1816 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Feb 1 1907

UNDERTAKER: Louis F Schaefer — ADDRESS: 916 Fremont

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

97765

Registered No. B

CERTIFICATE OF DEATH.

9 2 V

(Place of Death.) No. 669 Columbia Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Rice Thomas

{Residence, if in Baltimore, Give Street and Number.} 669 Columbia Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 29 1903

AGE 4 years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Robert Thomas

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jennie Birmingham

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Thomas

(Address) 669 Columbia Ave.

Filed 2/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 29 1907 to Jan 31 1907 that I last saw h.. alive on Jan 31 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or immediate)

Coma

24 hours (DURATION) DAYS

Contributory (Primary.) Acute Broncho Pneumonia (DURATION) 3 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date Jan 31 1907

Place of Burial London Park

Date Feb 2 1907

Undertaker Wm. J. Tukener & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

97766

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 922 W Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora E Doulen

{Residence, if in Baltimore, Give Street and Number.} 922 W Baltimore St

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 15 1882

AGE 24 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Irvin R Lyates

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lucinda Davis

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Doulen

(Address) 922 Baltimore

Filed 2/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Jan 31 1907 that I last saw her alive on Jan 31 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary) Phthisis Pulmonalis probably one year (DURATION) DAYS

(Signed) Leo R. Graham M.D.

Address 725 Columbia Ave

Date Feb 1 1907

Place of Burial London Park

Date Feb 3 1907

Undertaker Wm J Dickenson & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

Dr Graham

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ....

97767

CERTIFICATE OF DEATH.

(Place of Death.) No. 2108 Ashland Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August Upthoff

{Residence, if in Baltimore, Give Street and Number.} 2108 Ashland Ave.

Duration of Residence in Baltimore. 36 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH May 25 1852

AGE 54 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible] Upthoff

(Address) 2108 Ashland Ave

Filed 2/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 31 1907

that I last saw him alive on Jan 31 1907

and that death occurred, on the date stated above, at 8 a.m.

P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 31 DAYS

Contributory (Primary.)

(DURATION) ~~4~~ DAYS

(Signed) G. G. Burk M.D.

Address 1100 E. Baltimore

Date Jan. 31 1907

Place of Burial Baltimore City

Date Feb 3 1907

Undertaker [illegible]

Address 710 E. Chase St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 97768 Registered No. 97768 93V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1615. Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Valentine Cook

{Residence, if in Baltimore, Give Street and Number.} 1615. Baker St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: July 27th 1850

AGE: 56 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Georg Cook

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: D. Baker

Address: 1615. Baker St.

Filed 2/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (my Cert. C.H. Babert) Feby 1st 1907.

I HEREBY CERTIFY, That I attended deceased from Jan 14th 1907 to Feb 1st 1907 that I last saw h was alive on Feb 1 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 17 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Chas. H. Babert, M.D.

Address 1100 W. Laf. Ave.

Date Feb. 1st 1907

Place of Burial Baltimore Cem

Date Feb. 3rd 1907

Undertaker G. F. Walker

Address 723 W. Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 97769

97769

6 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1931 Eastern Av. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Shivistovich

{Residence, if in Baltimore, Give Street and Number.} # 1931 Eastern Av.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 9 1904

AGE: 2 years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Shivistovich

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Lizzie Urban.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Shivistovich

(Address) 1931 Eastern Ave

Filed 2/1 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 29 1907 to Jan. 31 1907 that I last saw him alive on Jan. 31 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAY

Contributory (Primary.) measles

(DURATION) 3 DAYS

(Signed) John A. Rehberger M.D.

Address # 1709 Aliceanna St.

Date Jan. 31 1907

Place of Burial

Date 190

Undertaker M. F. Jakowski

Address 703 S. Ann St

Funeral will take place 2.30 P. m.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97770

Registered No. B

City of Baltimore, (No. 2016, Boyd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Knopp

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 12. (Day) 1869 (Year)

AGE: 37 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Peter Henry Mueller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kathene Schlarp

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Mueller

(Address) 150 Wilkins St:

Filed 2/1 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 28 1907 to Jan. 30, 1907 that I last saw her alive on Jan 30, 1907, and that death occurred, on the date stated above, at 8 p.m. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) E. A. Dickey M. D.

Jan 31, 1907 (Address) 2136 Frederick Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence | How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: Feb: 2nd 1907

UNDERTAKER: C. W. Dill | ADDRESS: 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 9771 Registered No. B 9771

CERTIFICATE OF DEATH.

921

(Place of Death.) No. 1911 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hilda E Staylor.

Residence, if in Baltimore, Give Street and Number. 1911 E Biddle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 4 1905

AGE: 1 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John E Staylor

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mamie B Knorr

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Staylor

(Address) 1911 E Biddle.

Filed 2/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8 1907 to Jan 30 1907 that I last saw h alive on Jan 30 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis following Broncho pneumonia

(DURATION) 45 DAYS

Contributory (Primary) Broncho pneumonia

(DURATION) 15 DAYS

(Signed) M. L. [illegible] M.D.

Address 1312 E Monument St.

Date 1/30 1907

Place of Burial Holy Redeemer

Date Feby 2 1907

Undertaker Robt J Turner

Address Bway & Orleans

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

Registered No. B 97772

CERTIFICATE OF DEATH.

91 V

(Place of Death.) No. 1816 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Seidl

{ Residence, if in Baltimore, Give Street and Number. } 1816 E Lombard st

Duration of Residence in Baltimore. 40

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH ~~January~~ 1849 ~~1907~~

AGE 58 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Joseph Seidl

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Seidl

(Address) 1826 E. Lombard st.

Filed 2/1 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 27 1907 to Jan 31 1907 that I last saw h e alive on Jan 30 1907, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 160 Bradley

Date Jan 31 1907

Place of Burial Holy Redeemer

Date Feb. 2 1907

Undertaker Jos. J. Herr

Address 1914 E. Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

97223

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. 211 Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Josephine Thomas.

{Residence, if in Baltimore, Give Street and Number.} 2344 Eutaw Place.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Thomas

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Nellie Brown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 2/1 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 23 1907 to Jan 31 1907

that I last saw h alive on Jan 31 1907

and that death occurred, on the date stated above, at 4 20 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 1 DAYS

Con'ributory (Primary.) Organic Heart

Bronchitis (DURATION) 365 DAYS

(Signed) M. W. S Trust M.D.

Address 117 N Mount St

Date Jan 31 1907

Place of Burial New Cathedral

Date Feb 2 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 97774 — Registered No. B 97774

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Schaltzky Jr.

{Residence, if in Baltimore, Give Street and Number.} 1724 Bunt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Andrew Schaltzky

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address)

Filed 2/1 1907 BAY VIEW ASYLUM. HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 31 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1906 to Jan 31 1907

that I last saw him alive on Jan 31 1907,

and that death occurred, on the date stated above, at 7.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 15 ~~DAYS~~ months

Con'ributory (Primary.) Exhaustion

(DURATION) 6 DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital.

Date Jan. 31 1907

Place of Burial Holy Redeemer

Date Feb 1 1907

Undertaker Wm. Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 9775 — Registered No. B 9775

CERTIFICATE OF DEATH.

27 ✓

(Place of Death.) No. 507 Warner St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Beckett.

{Residence, if in Baltimore, Give Street and Number.} 507 Warner, St.

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: white

DATE OF BIRTH: 1

AGE: 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Phila. Pa

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Glassblower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie V Beckett

(Address) 507 Warner

Filed 2/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31. 1907

I HEREBY CERTIFY, That I attended deceased from January 29, 1907 to January 31, 1907 that I last saw h[illegible] alive on Jan. 29, 1907, and that death occurred, on the date stated above, at 5.10 A M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 4 years.

Contributory (Primary.) Diabetes

(DURATION) [illegible]

(Signed) Albert T. Chambers M.D.

Address 614 S. Paca St

Date January 31 1907 ✓

Place of Burial Baltimore Cem

Date Feb 2 1907

Undertaker Wm Leech.

Address 502 E. Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 9776 Registered No. B — 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline M. Osbourn

{Residence, if in Baltimore, Give Street and Number.} 118 N. Chester

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 20 1820

AGE: 86 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Anne Arundel Co

FULL NAME OF FATHER: Franklyn Haweod

BIRTHPLACE OF FATHER (State or country): All Co

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt L Osbourn

(Address) 118 N Chester

Filed 2/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 31st 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1906 to Jan. 31st 1907

that I last saw her alive on 1907

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary.) Senile Debility (DURATION) 365 DAYS

(Signed) J L Downes M.D.

Address 1733 Bank

Date Jan. 31st 1907

Place of Burial Mayotky A.A. Co.

Date FEB 2 - 1907 190

Undertaker Armstrong Denar

Address 715 Light Street

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 97775

(Place of Death.) No. 818 N. Howard st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Gannon

{Residence, if in Baltimore, Give Street and Number.} 818 N. Howard st.

Duration of Residence in Baltimore. 47 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	white
DATE OF BIRTH	Nov. 11th 1847
AGE	59 years, 7 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Denis Gannon
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Annie Madden
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Margaret Gannon

(Address) 818 N. Howard st.

Filed 2/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31st 1907

I HEREBY CERTIFY, That I attended deceased from April 27 1906 to Jan 31st 1907 that I last saw h~~im~~ alive on Jan 30th 1907 and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis

(DURATION) 9 mos.

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Slingluff M.D.

Address 5 N. Washington st

Date January 31st 1907

Place of Burial Cathedral Cemetery

Date February 2nd 1907

Undertaker Henry W. Mears Jr

Address 7 West North Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

CERTIFICATE OF DEATH.

1191 V

(Place of Death.) No. 1625 Eastern Av 97778 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Dambrowski

{Residence, if in Baltimore, Give Street and Number.} 1625 Eastern Av

Duration of Residence in Baltimore.. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 27 1864

AGE 42 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia Poland

FULL NAME OF FATHER Adam Dambrowski

BIRTHPLACE OF FATHER (State or country) Russia Poland

MAIDEN NAME OF MOTHER Eva

BIRTHPLACE OF MOTHER (State or country) Russia Poland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Raymon Dambroski

(Address) 66 1625 Eastern av

Filed 2/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 1st 1907

I HEREBY CERTIFY, That I attended deceased from Jan 26 1907 to Feb 1 1907 that I last saw him alive on Jan 31 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 1 DAYS

Contributory (Primary.) Acute Nephritis

(DURATION) 5 DAYS

(Signed) Alfred A. Burdick M.D.

Address 328 Broadway

Date February 1st 1907 V

Place of Burial Holy Rosary

Date February 2 1907

Undertaker Jacob Fiaskowski

Address 428 S. Bond St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97779

Registered No. B.....

City of Baltimore, (No. 2227, Guilford Ave. St.;..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dennis R. Kriechbaum

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 24 (Day) 1831 (Year)

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: James A Reside

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Margt Lee

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Iron

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kriechbaum

(Address) 2227 Guilford Ave

Filed 2/1 1907

HARRY O. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 31st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1906 to Jan 31 1907

that I last saw h[er] alive on Jan 31 1907,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Heart disease — Arteria Sclerosis dilatid left Ventricle, mitte Aneurism

..... (DURATION) Years DAYS

Contributory Exhaustion

..... (DURATION) ..... DAYS

(Signed) C. N. Grabill M. D.

1907 (Address) 2102 St Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Chambersburg Pa

DATE OF BURIAL: Feb 2 1907

UNDERTAKER: C A Weidefeld Jr

ADDRESS: 2113 Fremont Av

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 97780 Reg 97780 10 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 578 Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Banks

{Residence, if in Baltimore, Give Street and Number.} 578 Preston st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Dont know 1

AGE about 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

(Informant) J. A. Bishop

(Address) 1107 N Eutaw

Filed 2/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Jan 30 1907 that I last saw h alive on Jan 25 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe

Four weeks (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) John C Bowers M.D.

Address 1302 Monument

Date Jan 31 1907

Place of Burial Family cemetery

Date Feb 2nd 1907

Undertaker John A. Bishop

Address 1107 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) deceased, and the *cause and date of death.*

97781

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 317 E Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Miller

{Residence, if in Baltimore, Give Street and Number.} 317 E Cross St

Duration of Residence in Baltimore. Life - 48 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 4th 1858

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Charles F Miller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Frederika Kipp

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Painter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Miller

(Address) 1511 Clarkson St

Filed 2/1 1907

HARRY O. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 30 th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 3 1906 to Jan 30 1907 that I last saw him alive on Jan 30 1907, and that death occurred, on the date stated above, at 6.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Convulsions

(DURATION) ..... DAYS

Contributory (Primary.) Nephritis

(DURATION) ..... DAYS

(Signed) Geo A Adams M.D.

Address 420 N Eutaw

Date Feb 1 1907

Place of Burial Loudon Park

Date Feb 2 1907

Undertaker E. Clark

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 97782 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 E. Cross St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Maria Lena Vondermohlen

{ Residence, if in Baltimore, Give Street and Number. } 16 E. Cross St.

Duration of Residence in Baltimore. 37 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: September 4 1848

AGE: 58 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Gehrhart Peters

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maria L Rollves

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Vondermohlen (Husband)

(Address) 16 E Cross St

Filed 2/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 31 1907

I HEREBY CERTIFY, That I attended deceased from May 1906 to January 31 1907 that I last saw h er alive on January 30 1907, and that death occurred, on the date stated above, at 7.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Paralysis (DURATION) 8 Months

(Signed) Otto M Fernhard M.D.

Address 1017 So Charles St

Date January 31 1907

Place of Burial Holy Redeemer Cem

Date Feb 4th 1907

Undertaker J. Schlosman & Son

Address 183 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — Registered No. 97783 — 64

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Solon Saul

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W.

DATE OF BIRTH: March 7th 1817

AGE: 90 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Thomas Saul

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Dabitha Saul

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Miller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed Feb 2nd 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 1st 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ... that I last saw h... alive on ... 190 ..., and that death occurred, on the date stated above, at 5.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (Secondary)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Carruthers M.D.

Address Coroner

Date Feb 1 1907

Place of Burial Piedmont W. Va

Date Feb 1 st 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 97784 Registered No. B 97784

97784

284

CERTIFICATE OF DEATH.

(Place of Death.) No. 609 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catharine Brady

{Residence, if in Baltimore, Give Street and Number.} 609 N. Chapel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Aug. 11 1904

AGE 2 years, 5 mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER James Brady

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Lena Butler

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Butler

(Address) 609 N. Chapel St.

Filed 2/2 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to Feb 1 1907 that I last saw h alive on Jan 30 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Meningitis (DURATION) DAYS

Contributory (Primary.) (DURATION) 14 DAYS

(Signed) J. T. Roeder M.D.

Address 1404 E. Fayette St

Date Feb 1 — 1907

Place of Burial St. Patricks

Date Feb. 3 1907

Undertaker J. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97785 97785 166 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1035 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Schwartz.

{Residence, if in Baltimore, Give Street and Number.} 1035 William St.

Duration of Residence in Baltimore. 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 3/ 1819

AGE 87 years, 10 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER ——— Hutzinger

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Hoffman (daughter)

(Address) 1035 William St

Filed 2/2 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 1 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to February 1 1907.

that I last saw h[illegible] alive on January 31 1907.

and that death occurred, on the date stated above, at 1020 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Debility

(DURATION) DAYS

Contributory (Primary) Accidental Fall

Shock (DURATION) 5 DAYS

(Signed) H. M. Leinhardt M.D.

Address 1017 S Charles St

Date February 1907

Place of Burial Cathedral Cemetery

Date Feb 4 " 1907

Undertaker A. Knell & Son

Address 807 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

97786

CERTIFICATE OF DEATH.

(Place of Death.) No. 417 N Port St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry C. Mehde

{ Residence, if in Baltimore, Give Street and Number. } 417 N. Port st

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 18th 1858

AGE: 48 years, 2 months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: August Mehde

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ~~Dorothea Torr~~ Dorothea Torr

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Machenist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E Mehde wife

(Address) 417 N Port st

Filed 2/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 24 1907 to Jan 31 1907

that I last saw him alive on Jan 31 1907.

and that death occurred, on the date stated above, at 6 P.M., CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) Acute Nephritis

Chronic Gastritis (DURATION) 8 DAYS

(Signed) A B. Lennan M.D.

Address 742 N. Patterson Park Ave

Date Jan Feb 1 1907

Place of Burial St Mathews Cemetery

Date February 4th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

9787

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 454 Girard ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel A Hayden

{Residence, if in Baltimore, Give Street and Number.} ~~Hosp~~ 454 Girard ave

Duration of Residence in Baltimore. 40yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Dec 25 1861

AGE: 46 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thos Hayden

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen O'Brien

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Hayden

(Address) 454 Girard ave

Filed 2/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28 1907 to Jan 31 1907 that I last saw h-- alive on Jan 31 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.) Exhaustion (DURATION) 1 DAYS

(Signed) James M Kenion M.D.

Address 700 E Chase St

Date Feb 1 1907

Place of Burial New Cathedral Cemetery

Date Feb 4 — 1907

Undertaker M. J. Kinnio-Carroll

Address 1227 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 97788 Registered No. B 97788

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Nerney.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant .....

(Address .....

Filed 2/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 31 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 3 1906 to Jan. 31 1907 that I last saw h[illegible] alive on Jan 31 1907, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

..... (DURATION) ..... DAYS

Contributory (Primary) Exhaustion

..... (DURATION) ..... DAYS

(Signed) R R Norris M. D.

Address Bay View Hospital

Date Jan. 31 — 1907

Place of Burial Sacred Heart

Date Feby 2 1907

Undertaker Coad & Spence

Address 118 & 120 North Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27 V

Place of Death.) No. 727 W. Fayette 97789 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaretta M. Bishop

{ Residence, if in Baltimore, Give Street and Number. } 727 W. Fayette

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Wht

DATE OF BIRTH: Jan 12 1882

AGE: 25 years, — months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm H Carroll

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margt Cook

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt M Brooks

(Address) 713 W Fayette st

Filed 2/2 1907 HARRY C. ANDES Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31st 1907

I HEREBY CERTIFY, That I attended deceased from Jan 29th 1907 to Jan 31st 1907 that I last saw her alive on Jan 29th 1907 and that death occurred, on the date stated above, at 1.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis pulmonalis

One year (DURATION) DAYS

Contributory (Primary.) Prostration (DURATION) 4 DAYS

(Signed) Chas L. Bubbenhorn M.D.

Address 418 S. Paca st

Date Jan 31st 1907

Place of Burial Mt Olivet

Date Feb 4th 1907

Undertaker Albert F Phelbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 S.D. No. 97790 Registered No. B 97V

CERTIFICATE OF DEATH.

Place of Death. No. 3614 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas H. Gosnell

{Residence, if in Baltimore, Give Street and Number.} 3614 Falls Road

Duration of Residence in Baltimore. 1 Year.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 31 1829

AGE: 77 years, 8 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Howard Co

FULL NAME OF FATHER: Isaac Gosnell

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Woods.

BIRTHPLACE OF MOTHER (State or country): Not Known.

OCCUPATION OF DECEASED: Mill Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs. H. Gosnell

Address 3614 Falls Road

Filed 2/2 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 1 1907

I HEREBY CERTIFY, That I attended deceased from June 14 1907 to Feb 1 1907

that I last saw him alive on Feb 1 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial asthma (DURATION) 17 DAYS

Con ributory (Primary) Cardiac sitetation (DURATION) 6 DAYS

(Signed) S. R. Wantz M.D.

Address 765 3rd ave

Date Feby 2 1907

Place of Burial Druid Ridge

Date Feb. 3 1907

Undertaker J. S. Mangold

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 97791

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jos. S. Baldenstone

{Residence, if in Baltimore, Give Street and Number.} 700 ½ E. Biddle St.

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilson Lawton

(Address) 2308 E. Oliver St

Filed 2/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 1 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 16 1906 to Feb 1 1907

that I last saw h... alive on Feb 1 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Subdiaphragmatic Abscess (DURATION) 2 months DAYS

(Signed) Geo St O'Shea M.D.

Address St. Joseph's Hosp

Date February 1 1907

Place of Burial Holy Cross Cem

Date Feb 4 1907

Undertaker Jos B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Remove to 700½ E Biddle St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

27792

CERTIFICATE OF DEATH.

(Place of Death.) No. 1818 N. Collington Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Winter

{Residence, if in Baltimore, Give Street and Number.} 1818 N. Collington Ave.

Duration of Residence in Baltimore. 35 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 1st 1849.

AGE 58 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Peter Kattnar

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Hohmann

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Theodor Winter
(Informant)

1818 N. Collington Ave.
(Address)

Filed 2/2 1907

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31st 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 23 1907 to Jan. 31 1907

that I last saw her alive on Jan 31 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of Lungs

1 DAYS (DURATION)

Contributory? (Primary.) Chronic Nephritis (DURATION) DAYS

In attendance

(Signed) Charles A. Meyer M.D.

Address 1031 N. Caroline St.

Date February 1st 1907

Place of Burial Lauden Park

Date Jan. 4th 1907

Undertaker A. Fink & Son

Address 915 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B 97793

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 413 N. Durham st. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Catherine Lightner

{Residence, if in Baltimore, Give Street and Number.} 413 N. Durham

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 31 1873

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) B. C.

FULL NAME OF FATHER Antone Lightner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Amelia Cook

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Leightner

(Address) 413. N. Durham st

Filed 2/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 31 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1906 to Jan 31 1907 that I last saw h alive on Jan. 31 1907 and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis

Syphilis (DURATION) DAYS

(Signed) Geo. [illegible] M.D.

Address # 6. N Broadway

Date 2/2-07 1907

Place of Burial Mt Carmel

Date Feby 3rd 1907

Undertaker Geo. M. Frick

Address 811 N. Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97794

CERTIFICATE OF DEATH.

(Place of Death.) No. 1364 Darrin Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Schneider

{Residence, if in Baltimore, Give Street and Number.} 1364 Darrin Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH May 25 1856

AGE 50 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Henry Dashields

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known.

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schneider

(Address) 1364 Darrin Ave.

Filed 2/2 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30 1907

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to —— 190—

that I last saw h.. alive on Jan 30 1907

and that death occurred, on the date stated above, at 7:15 P. M. CAUSE OF DEATH (Secondary or Immediate

Acute Uremia

abt 1 hr. (DURATION) DAYS

Contributory (Primary.) Chronic Nephritis Not Known (DURATION) DAYS

(Signed) Robt P. G. Leland M.D.

Address 1318 E. Clarke pl.

Date Jan 31 1907

Place of Burial Cedar Hill

Date Feb 3d 1907

Undertaker Jos. Stumtebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 97795 Registered No. B

CERTIFICATE OF DEATH.

1047

(Place of Death.) No. 1306 Upton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert E. Adams

{Residence, if in Baltimore, Give Street and Number.} 1306 Upton St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1874

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Geo Adams

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Cecelia Johnson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Store Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cecilia Adams

(Address) 1306 Upton St.

Filed 2/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 31st 1907

I HEREBY CERTIFY, That I attended deceased from January 7th 1907 to January 31 1907 that I last saw h im alive on January 30 1907, and that death occurred, on the date stated above, at 7 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastric Fever (DURATION) 24 DAYS

Contributory (Primary.) Cardiac Weakness (DURATION) 10 DAYS

(Signed) Edward E. Rastrugia M.D.

Address 1339 N North Ave.

Date Feb 1 1907

Place of Burial Mt Auburn

Date Friday Feb 1907

Undertaker Albert J Kennedy

Address 57 S Bridle L

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

General German aged Home Registered No. B 97796

City of Baltimore, (No. At Baltimore & Payson St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Jung (John Jung)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 22 1824
(Month) (Day) Year)

AGE 82 years, 2 months, 8 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Justice Jung

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frederick Groh

(Address) 1621 N Bond St

Filed 2/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 25th 1907 to Jan 30th 1907 that I last saw him alive on Jan 30th 1907, and that death occurred, on the date stated above, at 11½ P. M. The CAUSE OF DEATH was as follows:

Bronchitis & Arteriosclerosis

(DURATION) 5 DAYS

Contributory Old age

(DURATION) 5 DAYS

(Signed) A. L. Reinhardt M. D.

January 30 1907 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Baltimore

DATE OF BURIAL Feb 2 1907

UNDERTAKER Jos B Cook

ADDRESS 1023 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

97797

CERTIFICATE OF DEATH. 190

(Place of Death.) No. 425 E. Chase St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Walter Mead

{ Residence, if in Baltimore, Give Street and Number. } 3033 Westwood ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Aug. 27 1850.

AGE: 56 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Louis R. Mead

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emma Price

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Cable Foreman (C.V.P. Co.)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Catherine A. Mead (wife)

(Address) 3033 Westwood ave.

Filed 2/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 31st 1907

I HEREBY CERTIFY, That I attended deceased from Sudden Death 190 ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Benj. L. Hayden M.D.

Address 216 E. Caroline

Date Feb. 1st 1907

Place of Burial St. Peters

Date Feb. 4. 1907

Undertaker Jos. B. Cook

Address 1003 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 3117 Dillon St 97798 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Knight

{Residence, if in Baltimore, Give Street and Number.} 3117 Dillon St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel J Lecompte Son

(Address) 3117 Dillon St City

Filed 2/2 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Baltimore Jany 31 1907.

I HEREBY CERTIFY, That I attended deceased from Jany 1st 1907 to Jany 31 1907 that I last saw h er alive on Jany 30 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pyocho Pneumonia

(DURATION) 30 DAYS

Contributory (Primary) Cardiac Failure (DURATION) ..... DAYS

(Signed) R. L. Kirk M.D.

Address 1610 E. Baltimore St.

Date Feb Jany 31st 1907

Place of Burial Mt. Olivet.

Date FEB 3 - 1907 1907

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY,

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97799

City of Baltimore, (No. 1102 Riggs Av St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William V. Addisson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 4th (Month) (Day) 1871 (Year)

AGE: 36 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Maxim Addisson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Ard

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Telegraph Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theresa Addisson

(Address) 1102 Riggs Ave

Filed 2/2 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 7th 1906 to Jany 31 1907 that I last saw h[illegible] alive on Jany 31 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

8 weeks. (DURATION) DAYS

Contributory Occupation. telegraph Operator. (DURATION) DAYS

(Signed) T. W Keown M. D.

Feb 1 1907 (Address) 1939 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cem | DATE OF BURIAL: Feb 4th 1907

UNDERTAKER: M. Fahey & Son | ADDRESS: 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 1332

CERTIFICATE OF DEATH.

(Place of Death.) No. 1024 Clifton Pl 97800 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Lally

{Residence, if in Baltimore, Give Street and Number.} 1024 Clifton Pl

Duration of Residence in Baltimore. 32 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown 1874

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): ~~Ireland~~ Md

FULL NAME OF FATHER: Daniel Connelly

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Campbell

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lally

(Address) 1024 Clifton Pl

Filed 2/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 1 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1 1907 to Feb 1. 1907 that I last saw her alive on Feb 1 1907, and that death occurred, on the date stated above, at 12 m. CAUSE OF DEATH (Secondary or Immediate) Puerperal Hemorrhage and Shock following delivery.

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) B. B. Browne M.D.

Address 510 Park Ave

Date Feby 2 1907

Place of Burial New Cathedral

Date Feb 5th 1907

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97801

City of Baltimore, (No. 411 N Collington Av St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Miss Fannie S. Mitchell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan (Month) 27 (Day) 1868 (Year)

AGE: 39 years, 0 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Geo W. Mitchell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ann H. Martin

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate A Baker

(Address) 411 N Collington Av

Filed 2/2 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 29 1907 to Feb 1 1907

that I last saw her alive on Jan 31 1907,

and that death occurred, on the date stated above, at 1.30 A M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 3 DAYS

Contributory

(DURATION) DAYS

(Signed) J H Grishane M. D.

Feb 1 1907 (Address) 1303 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Bern.

DATE OF BURIAL: 2/3 1907

UNDERTAKER: J Henry & Son

ADDRESS: 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97802

City of Baltimore, (No. 412 N Bond St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis H Valentine

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	May (Month) 24 (Day) 1838 (Year)
AGE	68 years, 8 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Carroll Co Md
FULL NAME OF FATHER	Wm Valentine
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	dont Know
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J J Poston

(Address) 414 N. Bond St.,

Filed 2/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 31st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1907 to Jan 31st 1907

that I last saw him alive on Jan 31st 1907,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Organic Heart Disease

(DURATION) 30 DAYS

Contributory Asthenia

(DURATION) 10 DAYS

(Signed) Elijah J Russell M. D.

Feb 1 1907 (Address) 423 N Bond

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Berkley Ridge Md	2/4 1907
UNDERTAKER Clark & Sons	ADDRESS 2008 Orleans St

J Henry Son

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

97805

CERTIFICATE OF DEATH.

(Place of Death.) No. B & O R R Ferry Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert F Richardson

{Residence, if in Baltimore, Give Street and Number.} 1631 Clarkson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 10 1876

AGE: 30 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John V. Richardson

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Bettie Woods.

BIRTHPLACE OF MOTHER (State or country): Norfolk Va

OCCUPATION OF DECEASED: B & O R R Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sadie Richardson (wife)

(Address) 1631 Clarkson St

Filed 2/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw him ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10. P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto M Steinhard M.D.

Address Coroner

Date January 31 1907

Place of Burial Cedar Hill

Date Feb. 2 1907

Undertaker E. I Fanning

Address 1760 Bailey st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

97804

CERTIFICATE OF DEATH.

(Place of Death.) No. 1140 Pennsylvania ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. R. Benson

{Residence, if in Baltimore, Give Street and Number.} 1140 Pa ave

Duration of Residence in Baltimore. ~~Life~~ 4 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): bussol co Md

FULL NAME OF FATHER: John D Benson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emma J Myers

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Benson

(Address) 1140 Penna ave

Filed 2/2 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28 1907 to Jan 31 1907 that I last saw him alive on Jan 31 1907, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

..... (DURATION) ..... DAYS

Contributory (Primary) Pneumonia

..... (DURATION) 3 DAYS

(Signed) Jno Eb Humphreys M.D.

Address 1421 Park ave

Date ~~Jan~~ Feb 1 - 1907

Place of Burial Hebrew Burying Ground

Date Feb 3 - 1907

Undertaker John E Humphreys Co

Address 1422 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

27r

CERTIFICATE OF DEATH.

(Place of Death.) No. 2508 Hudson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosella Canary

{Residence, if in Baltimore, Give Street and Number.} 2508 Hudson St

97805

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 11th 1887

AGE: 20 years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis Ott

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Cecilia Parker

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Canary

(Address) 2508 Hudson St.

Filed 2-2- 190 7 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1906 to Jan 30 1907

that I last saw h er alive on Jan 29 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthis Pulmonalis

16 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. L. Sellack M.D.

Address 105 N. Bond St.

Date Jan 31st 1907

Place of Burial Trinity Cemetery

Date Feb. 2nd 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1644 E. Fait Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gladys V. Schildt

{Residence, if in Baltimore, Give Street and Number.} 1644 E. Fait Ave.

97806

Duration of Residence in Baltimore. 3 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 26 11 1903

AGE 3 years, 5 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Chas. E. Schildt

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annetta Banks.

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annetta Banks.

(Address) 1644 E. Fait Ave.

Filed 2-2- 190 J. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Janu 31 1907.

I HEREBY CERTIFY, That I attended deceased from Jan 25th 1907 to Janu 30th 1907.

that I last saw her alive on Jan 30th 1907.

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or immediate.)

Heart failure

(DURATION) 1 DAY

Contributory (Primary.) Pneumonia

(DURATION) 7 DAYS

(Signed) E. Judson Willis M.D.

Address 2029 W. Balto St.

Date January 1 1907

Place of Burial Mt. Auburn Cemetery

Date Feb. 3d 1907

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

CERTIFICATE OF DEATH.

194

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Saunders

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

97807

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Blk
DATE OF BIRTH	Feb. 12 1906
AGE	— years, 11 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aloysius McClannan

(Address) 2005 Madison Ave.

Filed 2-2- 1907 JAC

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 12 1907 to Feb. 12 1907 that I last saw h[e] alive on Feb. 1 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 1 Mo. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Aloysius McClannan M.D.

Address 2005 Madison Ave.

Date Feb. 2 1907

Place of Burial Lot account ✓

Date Feb 4 1907

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1512, Belmont al St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

92508

FULL NAME Mary C Jonny

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Black

DATE OF BIRTH 1853
(Month) (Day) Year)

AGE 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Est Co Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Nun

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman st

Filed 2-2- 1907 J.A.C.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 30 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 20 1907 to Jany 30 1907

that I last saw h or alive on 1907

and that death occurred, on the date stated above, at 2 a m. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 10 DAYS

Contributory Emphysema

(DURATION) ..... DAYS

(Signed) C & C Davis M. D.

Jany 31 1907 (Address) 923 N Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Auburn	Feb 3 1907
UNDERTAKER	**ADDRESS**
James H Dennis	1332 Presstman st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 Brunt St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Warfield

{Residence, if in Baltimore, Give Street and Number.} 1414 Brunt st 97809

Duration of Residence in Baltimore. Nine years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: May 15th 1887

AGE: 19 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Lydia Warfield

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lydia Chappelle

(Address) 1414 Brunt st.

Filed 2-2- 1907 J.A.C.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 31 at 1907

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

Three weeks (DURATION) DAYS

Contributory (Primary.) Spinal Pa-

ralysis (DURATION) DAYS

(Signed) Chas Bachrach M.D.

Address 700 Laf. av. Comm

Date Jan. 31 at 1907

Place of Burial Mt Auburn

Date February 2 — 1907

Undertaker P. A. Elliott

Address 308 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1617 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert B Clark

{Residence, if in Baltimore, Give Street and Number.} 22 97810

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Aug 12 1906
AGE	5 years, 5 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	B B Clark
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Jessie Caldwell Clark
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B B Clark

(Address) Govm Av

Filed 2/2/1907 HARRY [illegible] ANDRAE'S [illegible] CLERK, Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28th 1907 to Feby 2 1907 that I last saw h[illegible] alive on Feby 2 1907, and that death occurred, on the date stated above, at 12 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Obstruction in Intestine

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) Alex A Sage M.D.

Address 727 N Broadway

Date 2/2/ 1907

Place of Burial Govm Md

Date Aug 4 1907

Undertaker W J Tennyson

Address Cumberland Md

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ...

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Lallie Ebling

{ Residence, if in Baltimore, Give Street and Number. } Ridgely Md. 9781

Duration of Residence in Baltimore. Five Days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ridgely Md.

FULL NAME OF FATHER: Gabriel K Ebling

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Not known.

BIRTHPLACE OF MOTHER (State or country): Not "

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R H & Richards

(Address) Ridgely Md

Filed 2/2/ 1907 HENRY O. ANDREWS, DEPUTY CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 29 1907

I HEREBY CERTIFY, That I attended deceased from Jan 29 1907 to Jan. 29 1907

that I last saw him alive on Jan 29 1907

and that death occurred, on the date stated above, at 10

CAUSE OF DEATH (Secondary or Immediate)

Septicemia, following injury to thigh

(DURATION) — DAYS

Contributory (Primary.) Gangrene Left leg (DURATION) DAYS

(Signed) Dwight W Davis M.D.

Address Balto City Hospital

Date Jan 29 1907 1907

Place of Burial Lutherville. Md

Date Feb 4 1907

Undertaker A J Marshall

Address 353 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent. Inf. Asylum St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name John Brown 97815

{Residence, if in Baltimore, Give Street and Number.} St Vincent Inf Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	Jan 24 1907
AGE	..... years, ... months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	"
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum

Filed 2/2/ 1907 HARRY J. ANDREWS PRINCIPAL CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 24 1907 to Jan 31 1907

that I last saw h.. alive on Jan 31 1907

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Haywood M.D.

Address 1232 N Caroline St

Date Feb 1 1907

Place of Burial New Cathedral

Date Feb. 2nd 1907

Undertaker Martin Fahey & Son

Address 66 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Inf asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cornelius Smith 9773

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent Inf asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	June 8 1906
AGE	..... years, 7 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 2/2/ 1907 HARRY [illegible] ANDREWS, [illegible] CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31, 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 20 1907 to Jan 31 1907

that I last saw h[illegible] alive on Jan 30 1907.

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Insania + Convulsions

(DURATION) DAYS

Contributory (Primary.) Broncho-

pneumonia (DURATION) 11 DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 2-1 1907

Place of Burial New Cathedral

Date Feb. 2nd 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

97714

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Place of Death.) No. St. Vincent Infant Asylum

Full Name James Hawkins

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Infant Asylum

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Dec 16, 1906

AGE: ..... years, 1 month, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 2/2/1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 31, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Jan 31 1907

that I last saw h alive on Jan 31 1907,

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 2-1 1907

Place of Burial New Cathedral

Date Feb. 2nd 1907

Undertaker Martin Gahey & Sons

Address 606 Lafayette ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. 97715

125

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hugh McCusker,

{Residence, if in Baltimore, Give Street and Number.} Annapolis, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1853

AGE 74 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Hugh McCusker

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Supt - Power House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Henry Smith

(Address) Annapolis

Filed 2/3/ 1907 HARRY D. ANDREWS PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 3, 1907.

I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1907 to Feb. 3, 1907 that I last saw him alive on Feb. 3, 1907, and that death occurred, on the date stated above, at 1:55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia, post anesthetic

(DURATION) 3 DAYS

Contributory (Primary.) Hypertrophied Prostate

(DURATION) Indefinite DAYS

(Signed) P. B. Hayes, M.D.

Address University Hospital

Date Feb. 3, 1907

Place of Burial Annapolis Md.

Date Feb 3, 1907

Undertaker Jno. B. Cook

Address 1003 E. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

97816

97816

167

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Beilas

{Residence, if in Baltimore, Give Street and Number.} 915 Harris Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: 15 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Andrew Beilas

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Joseph's Hosp'tl.

(Address) —

Filed 2/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 1 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12 noon.

CAUSE OF DEATH (Secondary or Immediate)

Burns of body (acc)

..... (DURATION) DAYS

Contributory (Primary.)

..... (DURATION) DAYS

(Signed) [illegible] M.D.

Address Coroners

Date Feb 1 — 07 1907

Place of Burial St. Stanislaus

Date Feb. 3rd 1907

Undertaker Wendell Dippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97817

City of Baltimore, (No. 132 N. Duncan St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Otto Trabert

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Albert Trabert.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Trabert

(Address) 132 N. Duncan.

Filed 2/3 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 20 1906 to Feb 2 1907 that I last saw him alive on Jan 29 1907, and that death occurred, on the date stated above, at 7.50 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 65 DAYS

Contributory Exhaustion

(DURATION) Four DAYS

(Signed) Geo F Taylor M. D.

Feb 2 1907 (Address) 1254 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Redeemer — DATE OF BURIAL: Feb 4 1907

UNDERTAKER: Wendell Griffith & Son — ADDRESS: 3308 Bond St

T. B. ✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 N. Pat (Port) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. John Wieman 97818

{ Residence, if in Baltimore, Give Street and Number. } 5 N. Pat

Duration of Residence in Baltimore. 54 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: August 1839	
AGE: 67 years, 10 months, ... days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: John B Wieman	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: ~	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Plasterer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Wieman

(Address) 5 N. Port St

Filed 2/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 1st 1907

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to Feb 1 1907 that I last saw h... alive on Jan 31 1907, and that death occurred, on the date stated above, at 11 M.

CAUSE OF DEATH (Secondary or Immediate.)

1. Apoplexy

2.

3.

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Wetzel M.D.

Address 16 E Lombard

Date Feb 1 1907

Place of Burial Holy Redeemer

Date Feb 4 1907

Undertaker Wendell Duffy & Son

Address 230 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

27r

(Place of Death.) No. 1625 Mulliken St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Della Clabaugh 97819

{Residence, if in Baltimore, Give Street and Number.} 1625 Mulliken st

Duration of Residence in Baltimore. 6 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: April 30 1	
AGE: 22 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Langhorty

(Address) 1625 Mulliken st

Filed 2/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Feb 2nd 1907

that I last saw h.. alive on Feb 1st, 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Asthenia

(DURATION) 4 Months

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Justus McCarthy M.D.

Address 656 W Franklin st

Date Feb 2nd 1907

Place of Burial York Pa

Date FEB 3 1907 190

Undertaker Wm. L. Ray

Address 921 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1533 Orleans 97820 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amos J. Rappold Jr

{ Residence, if in Baltimore, Give Street and Number. } 1533 Orleans st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 29th 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John A. Rappold Sr.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elizabeth Schafer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Student ~~Home~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amos J. Rappold

(Address) 1533 Orleans st.

Filed 2/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Feb 1 1907

that I last saw h[illegible] alive on Jan 31 1907. 2.40

and that death occurred, on the date stated above, at 2. P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

9 mos (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) J. H. Grimm M.D.

Address 1303 Light

Date Feb 2 1907

Place of Burial St Matthews Cemetery

Date FEB 4 1907 190

Undertaker Wm. J. Fry.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97821

City of Baltimore, (No. 612 N Fremont St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John A Baughman.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: January 19th 1856 (Month) (Day) (Year)

AGE: 51 years, — months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph A Baughman

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Susanna Stewart.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Druggist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A A Baughman M.D.

(Address) 603 N Eutaw St

Filed 2/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 28th 1907 to January 31st 1907 that I last saw him alive on January 31st 1907, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Pneumonia, following the Grippe

(DURATION) 4 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) John A A Baughman M. D.

Feb 2nd 1907 (Address) 612 N Fremont St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 3 1907

UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

CERTIFICATE OF DEATH.

71 V

(Place of Death.) No. 214 Dawson alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mayfetterlow 97822

{ Residence, if in Baltimore, Give Street and Number. } Above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Houston

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sadie Shell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joel Houston

(Address) 214 Dawson Alley

Filed 2/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1st 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6.15 A M. CAUSE OF DEATH, (Secondary or Immediate) Convulsions, during night, found dead in bed.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Fehlau M.D. coroner

Address 711 N. Lanvale

Date Feb 2d 1907

Place of Burial Mt Auburn Cemetery

Date Feb 3. 1907

Undertaker W. A. Gillett

Address 506 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 422 Aisquith 9782 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Callender

{Residence, if in Baltimore, Give Street and Number.} 422 Aisquith St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 1839

AGE 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Callender

BIRTHPLACE OF FATHER (State or country) Cecil Co. Md.

MAIDEN NAME OF MOTHER Ann Wright

BIRTHPLACE OF MOTHER (State or country) Harford Co. Md

OCCUPATION OF DECEASED Plasterer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary E. Brunner.

(Address)

Filed 2/9 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 1st 1907

I HEREBY CERTIFY, That I attended deceased from July 5th 1906 to Feb. 1st 1907 that I last saw him alive on Feb. 1st 1907 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

From July 5th 1906 (DURATION)

Contributory (Primary.)

Asthenia (DURATION) 6m

(Signed) H. T. Reynolds M.D.

Address 2004 St. Paul St.

Date Feb. 2nd 1907

Place of Burial Greenmount Cem

Date Feby 4 1907

Undertaker Edwd. F. Byrne

Address 302 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

937

Place of Death.) No. Johns Hopkins Hospital 97824 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard McDonald

{ Residence, if in Baltimore, Give Street and Number. } 216 S. Street Sparrows Point Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 37 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): W Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 2/3 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to Feb 2 1907 that I last saw him alive on Feb 2 1907, and that death occurred, on the date stated above, at 1.27 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Wm MacCallum M.D.

Address Johns Hopkins Hospital

Date Feb 3 1907

Place of Burial Hancock Md

Date Feb 3 1907

Undertaker Wm Fischer & Son

Address Canton Place

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, who shall be notified of the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 W. Barre 97825 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma C. McAllister

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Patrick McAllister

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary F McKindly

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie McAllister

(Address) 514 W. Barre St

Filed 2/3 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1st 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st to Feb 1st 1907

that I last saw h alive on 190—,

and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilstark M.D.

Address 211 W. Fayette

Date Feb 2d 1907

Place of Burial Woodlawn

Date Feb 4 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 97825

CERTIFICATE OF DEATH.

(Place of Death.) No. 910 E. Eager St. 97826 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul. D. Kenny

{Residence, if in Baltimore, Give Street and Number.} 910 E. Eager St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 28 1906

AGE: ..... years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: David. Dayler Kenny

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Mary Gillin

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Baby

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kenny

(Address) 910 E. Eager St.

Filed 2/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 2, 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 22 1907 to Feb. 1 1907 that I last saw him alive on Feb. 1 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 7 DAYS

(Signed) A. C. Gilles M.D.

Address 1519 N. Caroline St.

Date Feb. 2, 1907

Place of Burial Holy Cross

Date Feb 4 1907

Undertaker Henry Houck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97827

City of Baltimore, (No. 1939, N. Baltimore St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph B. Schmuck

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Oct 12 1875 (Month) (Day) Year)

AGE: 31 years, 10 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Pittsburg Pa

FULL NAME OF FATHER: Henry J. Schmuck

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Herring

BIRTHPLACE OF MOTHER (State or country): Baden, Germany

OCCUPATION OF DECEASED: Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfhans Schmuck

(Address) 1939 N Balto

Filed 2/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 1 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1901 to 17 Jan 1907

that I last saw him alive on 17 Jan 1907,

and that death occurred, on the date stated above, at 12 A.M. The CAUSE OF DEATH was as follows:

Uterus Fibroid

Pneumonia

(DURATION) 14 DAYS

Contributory

(DURATION) DAYS

(Signed) L. H. Gardiner M. D.

7/2 1907 (Address) 225 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL: Jan 4 1907

UNDERTAKER: W. L. Pentz & Son — ADDRESS: Carlton

WM. J. C. DULANY CO., BALTIMORE.

✓

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97828

City of Baltimore, (No. 1120, Franklin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma A Kolb

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: December 31 1850 (Month) (Day) (Year)

AGE: 56 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Herman Stesch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilhelmine Matilde Fahlbusch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Minnie Kolb

(Address) 1120 Franklin St

Filed 2/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ~~January~~ February 1 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 25 1907 to Feb 1 1907 that I last saw h-er alive on Feb 1 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Croupous Pneumonia

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) Howard W Jones M. D.

Feb 2 1907 (Address) Lansing Pa

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Locust Point

DATE OF BURIAL: Feby 4 1907

UNDERTAKER: Wm J Tuckwell & Son

ADDRESS: Lansdowne Pa

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1162 Cleveland Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George A Graves 97229

{Residence, if in Baltimore, Give Street and Number.} 1162 Cleveland Av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 26 1883

AGE 23 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Walter A Graves

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mary E DeGroff

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Boilermkr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter A Graves

(Address) 1162 Cleveland Av.

Filed 2/3 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Feb 1 1907 that I last saw h in alive on Jan 31 1907, and that death occurred, on the date stated above, at 8 45 a M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

6 months (DURATION) DAYS

Contributory (Primary.) asthenia

(DURATION) 3 DAYS

(Signed) Jos. E. Muse M.D.

Address 865 Columbia Av

Date Feb 1 1907

Place of Burial Loudon Park

Date (Sunday) February 3rd 1907

Undertaker Geo. J Smith Co

Address 1010 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97830

City of Baltimore, (No. 1201, Bolton St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Schuyler J. Rhodes.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 10 1829 (Month) (Day) (Year)

AGE: 77 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Albemarle Co Va

FULL NAME OF FATHER: Thomas Rhodes

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C. E Stine

(Address) 1201 Bolton St

Filed 2/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 1st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 6 1907 to February 1 1907 that I last saw him alive on Feby 1st 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Organic Disease of Heart.

(DURATION) 26 DAYS

Contributory Senile Decay

(DURATION) DAYS

(Signed) John L. Chrestman M. D.

Feb 2nd 1907 (Address) 662 W Lexington St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Feb 5 1907

UNDERTAKER: Geo J Smith Co — ADDRESS: 1006 N. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

97831

CERTIFICATE OF DEATH.

(Place of Death.) No. House for the Aged of the M. E. Church St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Robinson

{Residence, if in Baltimore, Give Street and Number.} House for the Aged of the M. E. Church Fulton ave and Franklin St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —— 1

AGE 83 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. E. Mejgnnis

(Address) Franklin & Fulton

Filed 2/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan Febry 2d 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 20 1906 to Febry 2d 1907 that I last saw her alive on Jany 30 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis.

(DURATION) —

Contributory (Primary.) Old Age

(DURATION) 7 DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Pressman St

Date Baltimore Febry 2d 1907

Place of Burial Mt Carmel

Date Feb 4th 1907

Undertaker Geo J Smith Co

Address 1006 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97832

City of Baltimore, (No. 3226 Barclay St St.; 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Freda Lane

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1887 (Year)

AGE: 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: Chas. Hanson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Bella Washington

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bella Lane

(Address) 3226 Barclay St

Filed 2/3/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 2nd 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1906 to Feb 1 1907 that I last saw h[illegible] alive on Feb 1st 1907, and that death occurred, on the date stated above, at 5.30 A.M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs.

about 7 months (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) R. J. Thicken Jr. M. D.

Feb 2 1907 (Address) 811 Fourth ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Feb 4 1907

UNDERTAKER: Felix B. Pyz

ADDRESS: 1926 Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Reg...

6r. v

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

97833

Full Name Mrs Mary Long

{Residence, if in Baltimore, Give Street and Number.} Annapolis Md.

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown 1

AGE 32 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hospital Record

(Address) University Hospital

Filed 2/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2/1 1907

I HEREBY CERTIFY, That I attended deceased from Jan 23 1905 to Feb 1st 1907 that I last saw her alive on Feb 1st 1907, and that death occurred, on the date stated above, at 5.10 P.M. CAUSE OF DEATH (Secondary or Immediate) Mal-nutrition

(DURATION) 30 DAYS

Contributory (Primary.) Loco-motor ataxia

(DURATION) 2 years

(Signed) T R Waelder M.D.

Address Univ. Hosp. Balt. Md.

Date 2/2 1907

Place of Burial Chicago Ill.

Date February 3rd. 1907

Undertaker Evans & Spence

Address 118 & 120 West Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, who when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97834

City of Baltimore, (No. Prov. Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Issac Peal

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH Jan 29th 1902
(Month) (Day) (Year)

AGE ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Issad Peal

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Rosina Thompson

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosina Thompson

(Address) Providence Hospital

Filed 2/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 29 1907 to Feb 2 1907 that I last saw him alive on Feb 2 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Congenital weakness

(DURATION) 5 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) D. Grantcott M. D.

Feb 3 1907 (Address) 357 N. Bethel

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 678 W Mulberry Now long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Ant Auburn Cemetery

DATE OF BURIAL Feb 3 1907

UNDERTAKER George H. Hellmuth

ADDRESS 1128 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paul Russell Hollingshead 97835

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: ..... 1 ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: E Z Hollingshead

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Rachel D Wilhelm

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Z Hollingshead

(Address) Freeland Md

Filed 2/3/ 1907 HARRY C. ANDREWS REGISTER CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 2d 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 30th 1907 to Feb. 2d 1907

that I last saw him alive on Feb. 2 1907

and that death occurred, on the date stated above, at 7.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(Intussusception)

(DURATION) 1 Y DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) T. F. Riggs M.D.

Address 1514 Division St

Date Feb. 2d 1907

Place of Burial Freelands Md

Date Feb 5th 1907

Undertaker John E Hughes

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob H. Grafton 9783

{ Residence, if in Baltimore, Give Street and Number. } ——

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 50 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

C.H.C.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1907 to Feb. 2 1907 that I last saw h.im alive on Feb. 2 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Weakness
Carcinoma of Rectum.

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Rectum (DURATION) 1 yrs DAYS

(Signed) N. W. Forshner M.D.

Address St. Joseph's Hospital

Date Feb. 3rd 1907

Place of Burial Forest St. Hill Md

Date Feb 4 1907

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1202 N. Central ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name James F. Kerr 97837

{ Residence, if in Baltimore, Give Street and Number. } 1202 N. Central Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. 18th 1907

AGE ..... years, ... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ind

FULL NAME OF FATHER Jas F. Kerr

BIRTHPLACE OF FATHER (State or country) Ind.

MAIDEN NAME OF MOTHER Mary Codd

BIRTHPLACE OF MOTHER (State or country) Ind

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Kerr

(Address) 1202 N. Central ave

Filed 2/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1907 to Feb. 3 1907 that I last saw him alive on Feb. 1st 1907 and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility (DURATION) DAYS

Contributory (Primary.)

Asthenia (DURATION) DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caylton Ave

Date Feb. 3 1907

Place of Burial Holy Cross Cem.

Date Feb. 4th 1907

Undertaker Jno. A. Moran

Address Bank & Ann Sts.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward V

Registered No. B

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen O'Connor

{Residence, if in Baltimore, Give Street and Number.} 909 Mc Henry St.

97838

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1.....

AGE: 58 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM

(Address)

Filed 2/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 5 1907 to Feb 2 1907 that I last saw h alive on Feb 2 1907, and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary tuberculosis

Tertiary Syphilis

Chronic Diffuse Nephritis

(DURATION) DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) DAYS

(Signed) R R Vonnie M.D.

Address Bay View Hospital

Date Feb. 2 1907

Place of Burial St. Peters Cem.

Date Feb. 4th 1907

Undertaker Jno. A. Inman

Address Bank & Amity Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97839

CERTIFICATE OF DEATH.

City of Baltimore, (No. 715 Dolphin St; Ward) Registered No. B

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Matilda A. Hobbs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov (Month) (Day) 1837 (Year)

AGE: 70 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Stephen Hunt

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Auld

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew J. Hobbs

(Address) 715 Dolphin st

Filed 2/14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Feb 3rd 1907

that I last saw h[illegible] alive on Feb 3rd 1907,

and that death occurred, on the date stated above, at 9:15 A. M. The CAUSE OF DEATH was as follows:

Acute Indigestion

(DURATION) 1 DAYS

Contributory Mitral Regurgitation with Cardiac Dilitation (DURATION) Unknown

(Signed) William J. Swisick M. D.

Feb 3rd 1907 (Address) 1606 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Feb 5 1907

UNDERTAKER: Louis R. Shaefer

ADDRESS: 314 Fremont

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Regis...

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Richardson.

{ Residence, if in Baltimore, Give Street and Number. } 1209 Federal St.

Duration of Residence in Baltimore.....

97840

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: ..... 1.....

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM

(Address)

Filed 2/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 3 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Feb. 3 1907

that I last saw h alive on Feb. 3 1907, and that death occurred, on the date stated above, at 10.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffuse Nephritis

Arteriosclerosis

Uraemia (DURATION) DAYS

Contributory (Primary) Hypostatic

pneumonia (DURATION) 2 DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum.

Date Feb. 3 1907

Place of Burial Greenmount Cemetery

Date Feb 4 1907

Undertaker Henry Lutz

Address 1007 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 1935 Orleans St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. W. Marquette

{Residence, if in Baltimore, Give Street and Number.} 1935 Orleans St.

Duration of Residence in Baltimore. Life

97841

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 27th 1906

AGE 1 years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas. Marquette

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Elizabeth Schupp

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Schupp

(Address) 1935 Orleans St.

Filed 2/4/07 190

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28 1907 to Feb. 2 1907

that I last saw h in alive on Feb 2 1907

and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

5 days. (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Carnes M.D.

Address 1740 E Balto

Date Feb 3-07 190

Place of Burial Balto. Cem

Date 2/4/07 190

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEA

(Place of Death.) No. 2021 Woodberry Ave 9784 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Williams

{ Residence, if in Baltimore, Give Street and Number. } 2021 Woodberry Ave

Duration of Residence in Baltimore. Since Annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Aug. 15 1834

AGE: 72 years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Edward Scott

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Cole

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Williams

(Address) 2021 Woodberry Ave

Filed 2/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 1st. 1907

I HEREBY CERTIFY, That I attended deceased from Jany 31st 1907 to February 1st 1907 that I last saw h sr alive on February 1st 1907 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal obstruction possibly dependent upon appendix trouble, no operation (DURATION) 2 DAYS

Contributory (Primary.) as stated above (DURATION) 2 DAYS

(Signed) Geo H. Baines M.D.

Address 21 N 23rd St Balt. Md

Date February 2 or 1 1907

Place of Burial St. Marys-Hampden

Date February 4 1907

Undertaker Horace Burgess

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

10 30

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE O[illegible]

(Place of Death.) No. 819 N Durham St. 97843 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Svobada

{Residence, if in Baltimore, Give Street and Number.} 819 N Durham St

Duration of Residence in Baltimore. 1 mo. 29 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: 5 dec 1906

AGE: ..... years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Frank Svobada

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Edith Clark

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Svobada

(Address) 819 N. Durham St.

Filed 2/4 190 7

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 3 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to Feb. 2 1907

that I last saw h[illegible] alive on .. 190..

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

4 weeks (DURATION) — DAYS

Contributory (Primary.)

Cardiac Asthenia (DURATION) 7 DAYS

(Signed) William J. Ryan M.D.

Address 2008 Eden St.

Date Feb. 3 — 1907

Place of Burial Oak Hill

Date Feb 5 1907

Undertaker Walter W Deal

Address 901 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

Ward 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 W Mulberry 97849 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Kothe

{Residence, if in Baltimore, Give Street and Number.} 702 W Mulberry

Duration of Residence in Baltimore. Over 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ~~Oct~~ Oct 2d 1835

AGE: 71 years, 3 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Nebenungen - Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Katherina Kothe

(Address) 702 W. Mulberry St

Filed 2/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 1st 1907

I HEREBY CERTIFY, That I attended deceased from Jany 1907 to Febry 1 1907

that I last saw h~~im~~ alive on Febry 1 1907

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Embolism (both Brachials)

Heart —

(DURATION) 2 DAYS

Con'tributory (Primary.) Cardiac Hypertrophy

Arteriosclerosis. (DURATION) Many DAYS

(Signed) W. F. Akens M.D.

Address S. W. 25th

Date Febry 2d 1907

Place of Burial London Park

Date Feb 4th 1907

Undertaker Gus Bentz

Address 1911 Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH D...

Registered No. 10784 97845

Ward 2

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Place of Death.) No. 404 ½ Poppleton St St.

Full Name John B Kelly

{Residence, if in Baltimore, Give Street and Number.} 404 ½ Poppleton St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 59 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Kelly

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary Griffin

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie Owens

(Address) 404 ½ Poppleton

Filed 2/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1 1907 to Feb 2 1907

that I last saw h... alive on Feb 2 1907

and that death occurred, on the date stated above, at 7...

M. CAUSE OF DEATH (Secondary or Immediate

Brights Disease

(about 9 months)

I don't know (DURATION)

Contributory (Primary.) Uremic

Convulsions (DURATION) 1

(Signed) Jos E. Byrne

Address 855 Columbia ...

Date Feb 2

Place of Burial Western cemetery

Date Feb 5th

Undertaker John J. Corcoran

Address 901 Hollins

WM. J. C. DULANY CO.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, a certificate setting forth, as far as the same can be ascertained, the **cause and date of death**, to the Undertaker, or other person superintending the burial, a certificate deceased, and the **full name, sex, age, condition** (whether married or single) of the person

Ward 17

97849

CERTIFICATE OF DEATH.

(Place of Death.) No. 202 W Camden St. 97846 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cornelius Scott

{Residence, if in Baltimore, Give Street and Number.} 202 Camden St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: Colored

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Scott

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah L. Sorrell

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah L. Scott

(Address) 624 George St

Filed 2/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 1 1907.

I HEREBY CERTIFY, That I attended deceased from Jan 28 1907 to Feb 1 1907 that I last saw h[illegible] alive on Feb 1 1907 and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Edward Smith M.D.

Address 528 Hanover St.

Date Feb 2 1907

Place of Burial Mt Auburn

Date Feb. 4 1907

Undertaker Jno H. Toadvine

Address 1412 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

Place of Death. No. 809 Peach 3rd Floor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herbert Queen 97847

{Residence, if in Baltimore, Give Street and Number.} 809 Peach ol

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	Jan. 26. 1906
AGE	1 years, — months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Joseph Queen
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Mary Wallace
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mary Queen

Address 809 Peach al

Filed 2/4 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan 27 1907 to Jan 31 1907

that I last saw h.. alive on Jan 31 1907, 5.30 a.m.

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Cardiac failure

Few hours (DURATION), DAYS

(Signed) E. V. Ellis M.D.

Address 915 Light St

Date Feb 7 1907

Place of Burial Mt. Auburn Cem.

Date Feb 4 1907

Undertaker Jno. H. Toadvine

Address 142 Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Montfred

{ Residence, if in Baltimore, Give Street and Number. } 15 Albermarle St

97848

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Aug 13 1899
AGE	7 years, 5 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Arkady Montfred
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Dora Paymer
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arkady Montfred

(Address) 5 Albermarle St

Filed 2/4 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 4 1907

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to Feb 4 1907

that I last saw h[illegible] alive on Feb 4 1907

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Mitral insufficiency

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ed H Richardson M.D.

Address Johns Hopkins Hospital

Date February 5 1907

Place of Burial Philips Rd Rose Dale

Date February 4, 1907

Undertaker Max Levinson

Address 13 E Lou st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. Univ of Maryland Hospt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mr Brown 9784 9

{Residence, if in Baltimore, Give Street and Number.} "

Duration of Residence in Baltimore. "

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH about Jany 15th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Broncho

at City Morgue

DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) J D Blatchford Coroner M.D.

Address 211 W. Lanvale

Date Feb 4th 1907

Place of Burial St Peters

Date Feb 5th 1907

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. 1130 Hollins St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George A McCullough

{Residence, if in Baltimore, Give Street and Number.} 1130 Hollins St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 30 1904

AGE: 2 years 3 months 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Bernard J McCullough

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Ida Danner

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard J McCullough

(Address) 1130 Hollins St

Filed 2/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Jan~~ Feb 1st 1907

I HEREBY CERTIFY, That I attended deceased from Jan 25th 1907 to Feb 1 1907

that I last saw him alive on Feb 1 1907

and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia

10 days (DURATION) DAYS

Con tributory (Primary) Hardening (DURATION) DAYS

(Signed) John E. Toomey M.D.

Address 1302 W. Lombard St

Date Feb 2 1907

Place of Burial New Cathedral

Date Feb 4 1907

Undertaker John J Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and da**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 97851

Registered No. B

City of Baltimore, (No. 1019, Boyd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Johnathan Ruhl McKnight Laughlin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 22. (Month) (Day) 1830 (Year)

AGE: 76 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): A.A. Co. Md

FULL NAME OF FATHER: Laughlin

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Brashears

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. W. Laughlin

(Address) 1019 Boyd St.

Filed 2/4 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1905 to Feb. 1 1907

that I last saw him alive on Feb. 1 1907

and that death occurred, on the date stated above, at 9½ A. M. The CAUSE OF DEATH was as follows:

Organic Heart

Abont. 3 Yrs. (DURATION) DAYS

Contributory Exhaustion.

(DURATION) 3 DAYS

(Signed) H. Holland Keech M.D.

Feb. 3 1907 (Address) 846 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Feb 5 1907

UNDERTAKER: Wm. J. Dickinson & Sons ADDRESS: 425 Camden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 201 N Wanoe 97852 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Dorothea Kurbach

{Residence, if in Baltimore, Give Street and Number.} 201 N. Wanoe St

Duration of Residence in Baltimore. about 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH Nov 19 1842

AGE 64 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED? —

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER — Bader

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Zimmerman

(Address) 201 N Wanoe st

Filed 2/4 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Jan 18th 1907 to Jan 29th 1907

that I last saw her alive on Jan 29th 1907

and that death occurred, on the date stated above, at about 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) Mitral regurgitation (DURATION) DAYS

(Signed) A. N. Zimmerman M.D.

Address 1805 W North ave

Date Feb 3rd 1907

Place of Burial London Park

Date Feb 4 1907

Undertaker Wm J Dukeman Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

Wm Zimmerman 1805 W North Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

825-R14

CERTIFICATE OF DEATH.

(Place of Death.) No. 405 W. Pratt 97853 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name F. Gustav Blanke

{Residence, if in Baltimore, Give Street and Number.} 405 W. Pratt St.

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 30 1851

AGE: 55 years, 5 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Arnold Blanke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saloon keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Blanke

(Address) 405 W. Pratt St.

Filed 2/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5th 1906 to Feb 3rd 1907 that I last saw him alive on Feb 2nd 1907. 7.45 A. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Albuminuria ?

Uraemic Poisoning

2 Months (DURATION)

Contributory (Primary)

Exhaustion (DURATION) 3 DAYS

(Signed) Chas L. Robertson M.D.

Address 418 S. Paca St.

Date Feb 3rd 1907

Place of Burial Loudon Park

Date Feb 5th 1907

Undertaker Wm J. Tilden & Son

Address Camden & Paca Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

97854 Registered No. B 97854

11 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 759 Dover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roberta Thornton

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ___ years, c months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single.

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Mark Wellthorton

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Elvatha Thornton

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mattie Wellthornton

(Address) 759 Dover St.

Filed 2/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2d 1907

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5.45 a. m. CAUSE OF DEATH (Secondary or Immediate) Convulsions, 21 days old.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Ightech M.D. coroner

Address 211 W. Lemmon

Date Feb 2d 1907

Place of Burial Mt Auburn Cemetery

Date Feb 4 1907

Undertaker Geo H Hoppe

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 97855 — Registered No. B 97855

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 2326 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Mabeau

{Residence, if in Baltimore, Give Street and Number.} 2326 Etting St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: col

DATE OF BIRTH: Feb. 27 1824

AGE: 84 years, 11 months, 8 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): N. Carolina

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Burke

(Address) 1107 W. Fayette St

Filed 2/14 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1905 to Feb 3 1907

that I last saw h[illegible] alive on Feb 3 1907

and that death occurred, on the date stated above, at 2.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Epithelioma face
old age

(DURATION) DAYS

Con'ributory (Primary.) old age

(DURATION) DAYS

(Signed) I. C. Hawkins M.D.

Address 1202 Druid Hill Ave

Date February 4 1907

Place of Burial Laurel Cemetery

Date Feb 5 1907

Undertaker J. A. Burke

Address 1107 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

18

HEALTH DEPARTMENT, CITY OF BALTIMORE.

97856

42 ✓

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97856

City of Baltimore, (No. 8 & 11 W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie E. Delaney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John P. Dunphy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie E. Connor

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P. Delaney

(Address) 844 W Fayette

Filed 2/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 2 (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1907 to 2-2 1907

that I last saw her alive on 2-2 1907,

and that death occurred, on the date stated above, at 1.35 P.M. The CAUSE OF DEATH was as follows:

Cancer { Uterus & Colon / Rectum

1 (DURATION) DAYS

Contributory Hemorrhage (DURATION) Sudden DAYS

(Signed) J. F. Barrett M. D.

2-4 1907 (Address) 1631 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: 2/5 1907

UNDERTAKER: Wm J. Schilling

ADDRESS: 9 S. Poppleton

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97857

Registered No. B.....

City of Baltimore, (No. 2035 Frederick Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Annie Hart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev Thomas E Wheeler

(Address) 31 N. Fulton Ave

Filed 2/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 4th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1906 to Feb 4th 1907 that I last saw h.. alive on Feb 3rd 1907, and that death occurred, on the date stated above, at 1-30 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis,

(DURATION) 3 Mos.

Contributory Exhaustion Heart failure

Dropsy (DURATION) 10 DAYS

(Signed) Wm. H. Nicholson M. D.

Feb 4th 1907 (Address) 30 N. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters Cem — DATE OF BURIAL: 2/6 1907

UNDERTAKER: Crowley's Sons — ADDRESS: 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 97356 97856 Registered No. B 97856 48 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1833 N Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Egan

{Residence, if in Baltimore, Give Street and Number.} 1833 N Lexington St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb ? 1849

AGE 57 years, 11 months, ? days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James Egan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ann Mondhan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Mechanic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna Egan

(Address) 1833 N Lexington St

Filed 2/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Jan 18th 1906 to Feb 2nd 1907

that I last saw h[illegible] alive on Feb 2nd 1907

and that death occurred, on the date stated above, at 2 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Rheumatism

Neuralgia (DURATION) 14 Mos

(Signed) Egbert L Mortimer M.D.

Address 125 N Fulton Ave

Date Feb 3rd 11 1907

Place of Burial New Cathedral

Date Feb - 5 1907

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 97859 Registered No. B 6

CERTIFICATE OF DEATH. 97859

(Place of Death.) No. 537 D Monroe St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Wm McKeige Sr

{Residence, if in Baltimore, Give Street and Number.} 537 D Monroe St.

Duration of Residence in Baltimore. 59 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 84 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Wm McKeige.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth McKeige

(Address) 537 D Monroe St

Filed 2/4 1907 HARRY [illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Dec 6th 1907 to Feb 1st 1907

that I last saw him alive on Feb 1st 1907

and that death occurred, on the date stated above, at .....M.

CAUSE OF DEATH (Secondary or Immediate

Old age

..... (DURATION) .....

Contributory (Primary.) .....

..... (DURATION) .....

(Signed) A. T. Bell, M.D.

Address 1321 W. Lanvale St.

Date February 2nd 1907

Place of Burial Balto Cem

Date Feb 5 1907

Undertaker Wm Cook.

Address 502 E. Hatton av.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13

97860

CERTIFICATE OF DEATH.

97860

931

(Place of Death.) No. 1310 Parrish alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. H. Robinson

{Residence, if in Baltimore, Give Street and Number.} 1310 Parrish al.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Mar. 20th 1903

AGE: 3 years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Eldridge Robinson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Rosie Hunnay

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Hunnay

(Address) 1310 Parrish alley

Filed 2/4 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. 2nd 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Bascomb M.D.

Address 700 Lafayette Ave. (Corner)

Date Feby. 3rd 1907

Place of Burial Mt Jerome

Date Feb 5 1907

Undertaker R. L. Parham

Address 1213 Pamh.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7861 Registered No. B 07861

CERTIFICATE OF DEATH.

534

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward E. Harris

{Residence, if in Baltimore, Give Street and Number.} 319 Roland Ave. Roland Park.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 26 1867

AGE: 40 years, months, days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest M Moore

(Address) 319 Roland Ave

Filed 2/4 1907 HARRY C. ANDERSON Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3 1907

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to Feb 3 1907 that I last saw h alive on Feb 3 1907 and that death occurred, on the date stated above, at 11 15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hodgkins Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. G. MacCallum M.D.

Address Johns Hopkins Hospital

Date Feb 3 1907

Place of Burial St Marys Hamden

Date Feb 6 1907

Undertaker W. E. Chenowith & Son

Address 919 Hampden ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12th 97862 Registered No. B 97862

CERTIFICATE OF DEATH.

45 V

(Place of Death.) No. 1228 Hanover St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Dailey.

{Residence, if in Baltimore, Give Street and Number.} 1228 Hanover St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 1841

AGE: 65 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or Country): Galway - Ireland

FULL NAME OF FATHER: Gilbert Dailey

BIRTHPLACE OF FATHER (State or Country): Galway - Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Restaurant Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Gilbert W. Dailey

(Address) 122 Hanover St.

Filed 2/10 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1907

I HEREBY CERTIFY, That I attended deceased from May 1906 to Feb 2 1907

that I last saw him alive on Feb 2 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Lung

about 6 months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Harry Gross M.D.

Address 1340 South Charles St.

Date Feb. 3. 1907

Place of Burial Cathedral Cem.

Date February 5th 1907

Undertaker Daniel and Margaret D. Ryan

Address 42. East Mt Vernon Place

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B

CERTIFICATE OF DEATH. 97863

(Place of Death.) No. 1135 Hanover Sts. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Murray

{ Residence, if in Baltimore, Give Street and Number. } 1135 Hanover Sts.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 12. 1815.

AGE 91. years, 4. months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Murray

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Seaman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Murray

(Address) 1. W. Clement St —

Filed 2/4 1907

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 26 1906 to Feb. 3 1907 that I last saw h[im] alive on Jan 28 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Old Age.

8 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. O'Bracklein M.D.

Address 1472 Hanover St

Date Feb 4 1907

Place of Burial Cathedral Cem.

Date February 6. 1907.

Undertaker Daniels and M. J. Flynn

Address 42. East Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 97864

Registered No. B 97864

CERTIFICATE OF DEATH.

614

(Place of Death.) No. 1507 W. Pratt St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry C. Ware

{Residence, if in Baltimore, Give Street and Number.} 1507 W. Pratt St.

Duration of Residence in Baltimore. one year

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Oct 29 1888

AGE 18 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER James E. Ware

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Sarah Peddicord

BIRTHPLACE OF MOTHER (State or country) Balto Co.

OCCUPATION OF DECEASED Wool Spinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E Ware

(Address) 1507 W Pratt St

Filed 2/4 190 7

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Jany 11th 1907 to Feby 2nd 1907

that I last saw him alive on Feby 2nd 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epidemic Cerebro-Spinal Meningitis

(DURATION) 22 DAYS

Contributory (Primary.) Coma

(DURATION) 2 DAYS

(Signed) Dr E. A. Knott M.D.

Address 1727 W. Lombard

Date Feby 2nd 1907

Place of Burial Loriaud Cem

Date February 5 1907

Undertaker Jos B Cook

Address 1003 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 97865 Registered No. B 97866

CERTIFICATE OF DEATH.

(Place of Death.) No. 20 S. Carey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura M. Small

{Residence, if in Baltimore, Give Street and Number.} 20 S. Carey St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Sept. 10, 1907.

AGE ..... years, 4. months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.,

FULL NAME OF FATHER S. Arthur Small.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Madeyan.

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S Arthur Small

(Address) 20 S. Carey St

Filed 2/4 1907

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 4 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1907 to Feb. 4 1907 that I last saw h.e.r alive on Feb 4 1907, and that death occurred, on the date stated above, at 12.28 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions.

(DURATION) 12 hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) M O'Neill M.D.

Address 1315 Hollins St.

Date Feb 5, 1907.

Place of Burial St Peters

Date Feb 6 1907

Undertaker J. B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W 97866 Registered No. B 97866 IV

CERTIFICATE OF DEATH.

(Place of Death.) No. 5. E. Cor Green & Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

125 N. Greene St Full Name William Joseph Whalen

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sep 22 1906

AGE — years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James H Whalen

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Catherine Miller

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Whalen

(Address) 125 N Green St

Filed 2/4 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1st 1907

I HEREBY CERTIFY, That I attended deceased from 1906 to 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions, fed on bottle, 5 mos. old

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Feldmann M.D.

Address 711 N. Fremont Ave Coroner

Date Feb 1st 1907

Place of Burial London Park Cem

Date Feb 4th 1907

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 9 97867 Registered No. B 97867

CERTIFICATE OF DEATH.

(Place of Death.) No. 1735 N. Duncan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura A Brook

{Residence, if in Baltimore, Give Street and Number.} 1735 N Duncan

Duration of Residence in Baltimore. ~~173~~ 1 yr Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 11 1858

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Holding

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Brook

(Address) 1735 N Duncan St.

Filed 2/4 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3, 1907

I HEREBY CERTIFY, That I attended deceased from April 15, 1906 to Feb 3, 1907 that I last saw her alive on Feb 1, 1907, and that death occurred, on the date stated above, at 4a M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Uterus

(DURATION) 10 Mos

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) P. E. Lilly M.D.

Address 207 Cromwell Ave

Date Feb. 3 1907

Place of Burial Old Methodist

Date Feby 5 1907

Undertaker Robt J Turner

Address Pimlico

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 97868 Registered No. B 97868

CERTIFICATE OF DEATH.

(Place of Death.) No. 716 S Bethel st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Brocklander

{ Residence, if in Baltimore, Give Street and Number. } 716 S Bethel st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 17 1868

AGE: 38 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Fred Brocklander

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kate Kalhoff

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) by Mrs F Brocklander

(Address) 716 S Bethel st.

Filed 3/4 1907 HENRY C. ANDREW, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3" 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1" 1906 to July 31 1907 that I last saw him alive on July 31 1907, and that death occurred, on the date stated above, at 1245 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) — DAYS

Con'ributory (Primary.) Uremic Coma

(DURATION) 1 DAYS

(Signed) Thos Orth M.D.

Address Balto Eastern Dispensary

Date July 4" 1907

Place of Burial Bachmanns Cemetary.

Date Febr 5" 1907

Undertaker Louis Hermann

Address 6 S Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 r

CERTIFICATE OF DEATH. 97869

Registered No. B.....

City of Baltimore, (No. 521 Norris Al. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza McKeever

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Prince Georges Co Md

FULL NAME OF FATHER: Dennis Carey

BIRTHPLACE OF FATHER (State or country): Prince Georges Co Md

MAIDEN NAME OF MOTHER: Sara Hall

BIRTHPLACE OF MOTHER (State or country): St Marys Co

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Calvin McKeever

(Address) 521 Norris Ave

Filed ..... 190 .....

BARRY C. ARTHUR, DEPUTY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 2nd 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Feby 1st 1907 that I last saw h.. alive on Feby 1st 1907, and that death occurred, on the date stated above, at one a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) Halbert F. Tilleman M. D.

Feby 3 1907 (Address) 1304 N. Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Feb 4 1907
UNDERTAKER	ADDRESS
R St Gallatt	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B 97810

CERTIFICATE OF DEATH.

1854

(Place of Death.) No. 1417 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marie M. Scarbath

{Residence, if in Baltimore, Give Street and Number.} 1417 E. Madison St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 16th 1907

AGE ..... years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER William Scarbath

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Marie Glieve

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Scarbath

(Address) 1417 E. Madison St

Filed Feb 4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Jany 31st 1907 to Feby 3rd 1907

that I last saw h alive on Feby 3rd 1907

and that death occurred, on the date stated above, at 11 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis Catarrh

(DURATION) 12 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address 1501 E Eager St

Date Feby 3-07 1907

Place of Burial Emmanuel Cem

Date Feb. 4th 1907

Undertaker Mr. & Mrs. John H. Teufel

Address 201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9781 Registered No. B 9781

CERTIFICATE OF DEATH.

(Place of Death.) No. 1231 James n St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Bauer

{Residence, if in Baltimore, Give Street and Number.} 1231 James n

Duration of Residence in Baltimore. 43 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Sept 13 1835

AGE: 71 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Geo Genn

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Christina Geibel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Valentine Bauer

(Address) 613 N. Barre St.

Filed 2/4 1907 HARRY G. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 2 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Feby 2 1907 that I last saw h er alive on Feby 2 1907, and that death occurred, on the date stated above, at 11.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of Lungs

(DURATION) 3 4 hours DAYS

Contributory (Primary.)

Bright's Disease (DURATION) 60 DAYS

(Signed) T. B. Steele M.D.

Address Mt Winans

Date Feby 3/07 1907

Place of Burial Cedar Hill Cem

Date Feb 5 1907

Undertaker Jos. Sweeden's Son

Address 217 S. Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 31812 Registered No. B 31812

CERTIFICATE OF DEATH.

118

Place of Death. No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward G. Gibson Jr.

{Residence, if in Baltimore, Give Street and Number.} The Albion Hotel.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 16 1905

AGE: 1 years, 1 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward G. Gibson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Eleanor Johnston

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Guest Gibson

(Address) Clover Dale.

Filed 2/4 1907.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 4th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 3d 1907 to Feb. 4th 1907

that I last saw him alive on Feb. 4th 1907

and that death occurred, on the date stated above, at 3 45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Appendicitis - perforated with peritonitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. F. Riggs M.D.

Address 1514 Division St

Date Feb. 4th 1907

Place of Burial St Paul cem

Date Feby 5th 1906

Undertaker Henry A. Jenkins Sons Co.

Address 233 N. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

43 v

CERTIFICATE OF DEATH.

97813

Registered No. B .....

City of Baltimore, (No. 702 N Eutaw St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah A Bevan

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 2. 1
(Month) (Day) Year)

AGE 60 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Barnesville Ohio

FULL NAME OF FATHER John Thomal

BIRTHPLACE OF FATHER (State or country) Barnesville Ohio

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Barnesville Ohio

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed
2/6 1907
HARRY O. ANDREWS,
DEPUTY CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 1907 to Feb 2 1907 that I last saw h.er alive on Feb 2 1907, and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

.....

.....

.....

Ward 20 — 97874 — Registered No. B 97874

CERTIFICATE OF DEATH.

3 to V

(Place of Death.) No. 2552 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Baumbach

{ Residence, if in Baltimore, Give Street and Number. } 2552 - Hollins

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
DATE OF BIRTH	Dec. 20th 1906
AGE	..... years, 1 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Rudolph Baumbach.
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Annie Reith
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rudolph Baumbach

(Address) 2552 Hollins St.

Filed 2/4 1907 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb - 3th 1907

I HEREBY CERTIFY, That I attended deceased from ..... to .....

that I last saw h ..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Syphilis

(DURATION) 6 mos DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) G. Frank Jones M.D. Coroner

Address .....

Date Feb - 4 1907

Place of Burial Western Cemetery

Date Feb: 5th 1907

Undertaker C. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether single, married, widowed or divorced), **birthplace, occupation, cause and date of death** of the deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, ... Regis BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93 V

CERTIFICATE OF DEATH.

97815

Registered No. B .....

City of Baltimore, (No. 1053 N Broadway St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elmer Rodney

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 2/15 (Month) 15 (Day) 1906 (Year)

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Hopkins Hosp

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Dont "

MAIDEN NAME OF MOTHER Bessie Rodney

BIRTHPLACE OF MOTHER (State or country) W. Virginia

OCCUPATION OF DECEASED Dont Know

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peterson M.D.

(Address) 105-7 N. Broadway

Filed 1/14 1907 EDWIN C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Jan 29 1907 that I last saw him alive on 1-29 1907, and that death occurred, on the date stated above, at 7.30 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 5 DAYS

Contributory Colon

(DURATION) 10 DAYS

(Signed) E. L. Peterson M. D.

Jan 29 1907 (Address) 1053 N. Broadway

SPECIAL INFORMATION—Only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL COLLEGE OF P. & S | DATE OF BURIAL JAN 31 1907

UNDERTAKER Commissioner Health. | ADDRESS South Sch

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

69

Ward 14 97876 Registered No. B 97879

CERTIFICATE OF DEATH.

(Place of Death.) No. 517 Baker St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Cecelia Golden

{Residence, if in Baltimore, Give Street and Number.} 517 Baker St

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Coloured

DATE OF BIRTH May 21st 1906.

AGE — years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Geo. Simms.

BIRTHPLACE OF FATHER (State or country) Charles Co. Md.

MAIDEN NAME OF MOTHER Georgeanna Golden

BIRTHPLACE OF MOTHER (State or country) Charles Co. Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgeanna Golden her mark

(Address) 517 Baker St

Filed 2/5 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 3 1907

I HEREBY CERTIFY, That I attended deceased from Febry 3 1907 to Febry 3 1907

that I last saw her alive on Febry 3 1907

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Broncho-Pneumonia.

(DURATION) DAYS

Contributory (Primary.) Marasmus -

(DURATION) DAYS

(Signed) Geo C. Shannon M.D.

Address 1442 Pressman St

Date February 3d 1907

Place of Burial St Peters Cemetery

Date Feby 5th 1907

Undertaker Felix B Pye.

Address 1128 E Mulberry st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

6

Ward ..... 97877 Registered No. B 97877

CERTIFICATE OF DEATH.

(Place of Death.) No. 871 Park Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Benj Stirling Johnson

{Residence, if in Baltimore, Give Street and Number.} ~~871~~ 305 Pine st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: 1

AGE: 11 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Wesley Johnson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Sarah

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: School-boy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Prentiss Johnson

(Address) 305 N Pine st

Filed 2/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 3rd in 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Feb 1907

that I last saw h alive on Feb 2nd 1907

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Tubercular Peritonitis

(DURATION) 124 DAYS

Con'ributory (Primary.) ..... (DURATION) ..... DAYs

(Signed) D. Grant Foth M.D.

Address 354 N Gilmore st

Date Feb 3rd 1907

Place of Burial Laurel Cemetery.

Date February 6th 1907

Undertaker Felix Pye.

Address 1028 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 97878 Registered No. B 97878

CERTIFICATE OF DEATH.

(Place of Death.) No. 255 N Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eugene Matthews

{Residence, if in Baltimore, Give Street and Number.} 255 N Bruce

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 9 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER George Mathews

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Mathews

(Address) 255 Bruce St

Filed 2/5 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb - 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Dec 30th 1906 to Feb 2nd 1907 that I last saw h alive on 190 and that death occurred, on the date stated above, at 10:20 a m. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. Lynch Jones M.D.

Address Corner Sept 3rd

Date 1907

Place of Burial Mt Auburn

Date Feb 5th 1907

Undertaker Alford O'Neil

Address 106 North Schroder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether single, married, widowed or divorced), ***cause and date of death.***

Ward 12 — 97879 Registered No. B 97879

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Aaron

{Residence, if in Baltimore, Give Street and Number.} 1026 James alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 10 — 12 — 1880

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Augustus Aaron

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: do not know

BIRTHPLACE OF MOTHER (State or country): do not know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 2/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 3 1907

I HEREBY CERTIFY, That I attended deceased from Nov 21 1906 to Feb 3 1907 that I last saw him alive on Feb 3 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Horace Bollicholson M.D.

Address Bay View Hospital

Date Feb. 3 1907

Place of Burial Mt. Olivet

Date Feb 6 1907

Undertaker John J. Fahey

Address 1232 William

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97880 Registered No. B 97880

CERTIFICATE OF DEATH.

(Place of Death.) No. 514 N. Eutaw St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant of Annie Gallery.

{ Residence, if in Baltimore, Give Street and Number. } ~~1 mo. 2 days~~ 514 N. Eutaw St

Duration of Residence in Baltimore. 1 mo. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 2nd 1907

AGE: 0 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Married~~ Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm Gallery

BIRTHPLACE OF FATHER (State or country): U S

MAIDEN NAME OF MOTHER: Annie

BIRTHPLACE OF MOTHER (State or country): U. S.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Gallery

(Address) 514 N Eutaw St

Filed 2/5 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 3, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1907 to Feb 3, 1907

that I last saw him alive on Feb 3, 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate

Cholera Infantum

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) C. E. Langley M.D.

Address Md. Gen. Hosp.

Date Feb 3, 1907

Place of Burial ~~Mt. Olivet Cemetery~~

Date Feby 5 1907

Undertaker H. Sloan & Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

97881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97881

City of Baltimore, (No. 1025, Carlen St.; 1st Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Steele

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: April (Month) 12 (Day) 1855 (Year)

AGE: 51 years, 10 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Samuel Steele

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: not to be ascertained

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Steele

(Address) 1025 Carlen St

Filed 2/5 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 2 1907 to Feb 3 1907

that I last saw h[illegible] alive on Feb 3 1907,

and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

exhaustion from
overwork

(DURATION) 1 DAYS

Contributory Aortic Aneurism
about (DURATION) 2 DAYS

(Signed) [illegible] M. D.

Feb 4 1907 (Address) Canton Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Carmel

DATE OF BURIAL: Feb 5 1907

UNDERTAKER: Wendell Dippold & Son

ADDRESS: 330 S Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 97882 — Registered No. B ...

CERTIFICATE OF DEATH.

430

(Place of Death.) No. 2200 Mc. Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katharine Clemmanto

{Residence, if in Baltimore, Give Street and Number.} 2200 Mc Elderry St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	1
AGE	48 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Clemente

(Address) 2200 Mc Elderry St

Filed 2/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1906 to Feb. 3 1907 that I last saw h er alive on Feb. 1, 1907. and that death occurred, on the date stated above, at 1.46 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Breast.

(DURATION) 1 yrs

Contributory (Primary.)

(DURATION) 7 DAYS

(Signed) P. E. Lilly M.D.

Address 2051 Brunswick St

Date Feb. 4, 1907

Place of Burial Bonnie Brae

Date Feb 6th 1907

Undertaker Wendle Diffenderfer Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 97883 — Registered No. B 97883

CERTIFICATE OF DEATH.

(Place of Death.) No. 22 W. 25th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leslie George Lewis

{Residence, if in Baltimore, Give Street and Number.} 22 W. 25th st.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Janv. 19. 1901

AGE: 6 years, — months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore,

FULL NAME OF FATHER: Aaron Lewis

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Kathryn A. Schmuck

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aaron Lewis

(Address) 22 W. 25 St

Filed 2/5 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 4 1907

I HEREBY CERTIFY, That I attended deceased from Feby 2nd 1907 to Feby 4th 1907 that I last saw h— alive on Feby 4th 1907, and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac paralysis

(DURATION) — DAYS

Contributory (Primary) Laryngeal Diphtheria (DURATION) 3 DAYS

(Signed) Howard D Lewis M.D.

Address 423 Hanover st

Date Feby 4th 1907

Place of Burial Druid Ridge

Date Feby. 5 1907

Undertaker Edw. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

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● SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97884

City of Baltimore, (No. 940 W. Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Stehl

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 16th (Month) (Day) 1835 (Year)

AGE: 71 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Harry Stahl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Stehl

(Address) 1811 Frederick Ave.

Filed Feb 5 1907.

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 3rd (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 30th 1907 to Feb 3rd 1907 that I last saw h— alive on Feb 2nd 1907, and that death occurred, on the date stated above, at 1:20 A. M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) ... DAYS

Contributory Exhaustion — Heart failure

(DURATION) 2 DAYS

(Signed) Chas. Nicholas M. D.

Feb 3rd 1907 (Address) 307 N. Hamilton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Feby 5th 1907

UNDERTAKER: Philip Seewald Son | ADDRESS: 119 S. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Ward 19 — 97885 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 Lennox st — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis Mieer

{Residence, if in Baltimore, Give Street and Number.} 614 Lennox st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 30, 1849

AGE: 57 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: Lewis Mieer

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Commercial Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roland L Mieer

(Address) 25 E 21st St

Filed 2/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 3d 1907

I HEREBY CERTIFY, That I attended deceased from Dec 22 1906 to Feby 3 1907

that I last saw h-im alive on Feb 1st 1907

and that death occurred, on the date stated above, at 11 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart trouble,

(DURATION) DAYS

Con tributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) J. H. Burnard M.D.

Address 2112 N Charles

Date Feby 4. 1907

Place of Burial Druid Ridge Cemetery

Date February 6th 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 97886 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1624 Eutaw Place — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline S Cole

{Residence, if in Baltimore, Give Street and Number.} 1624 Eutaw Place

Duration of Residence in Baltimore. 75 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 24th 1817

AGE: 89 years, 2 months, 10 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Frederick Md

FULL NAME OF FATHER: Benjamin Rutherford

BIRTHPLACE OF FATHER (State or country): West Va

MAIDEN NAME OF MOTHER: Sophia Schell

BIRTHPLACE OF MOTHER (State or country): Frederick Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Meredith Dryden

(Address) 1624 Eutaw Place

Filed 2/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11 1907 to Feb 2 1907

that I last saw her alive on Feb 2 1907

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Bright Disease and Dropsy — about 2 years (DURATION) DAYS

Contributory (Primary) Old age

(DURATION) DAYS

(Signed) Thomas Shearer M.D.

Address 103 W. Franklin St

Date Feb. 4 1907

Place of Burial Greenmount Cemetery

Date February 5th 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

Dr Thomas Shearer 15 Franklin St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 97887 Registered No. B 97887

CERTIFICATE OF DEATH. IV

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry A. Camper
H. A Camper

{Residence, if in Baltimore, Give Street and Number.} 413 E. Fort Ave.

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 19 1876

AGE: 30 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Dorchester Co Md.

FULL NAME OF FATHER: Wm H Camper

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md

MAIDEN NAME OF MOTHER: Lovey A Camper

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

OCCUPATION OF DECEASED: R R Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Campbell

(Address) 413 E Fort ave

Filed 2/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to Feb 2 1907

that I last saw h living alive on Feb 2 1907

and that death occurred, on the date stated above, at 4 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Typhoid fever (DURATION) DAYS

(Signed) C. L. Jennings M.D.

Address St. Josephs Hospital

Date Feb 2 1907

Place of Burial Loudon Park

Date Feb. 5 1907

Undertaker E J Gunning

Address 1460 Battery ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

97886 Registered No. B

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1304 Brunnmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Teresa Canning

{Residence, if in Baltimore, Give Street and Number.} 1304 Brunnmount Ave

Duration of Residence in Baltimore. about 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1867

AGE: 40 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: ~~Thomas Lanahan~~ Canning

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Lanahan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Lanahan

(Address) 304 Brunnmount Ave

Filed 2/5 1907

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 4th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 31st 1907 to Jany 31st 1907

that I last saw h[illegible] alive on Jany 31st 1907

and that death occurred, on the date stated above, at ____ M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pleuro Pneumonia about 10 DAYS

(Signed) Geo. D. Reynolds M.D.

Address 609 N Charles St

Date Feby 5th 1907

Place of Burial New Cathedral

Date Feb 6th 1907

Undertaker E. A. Weisbeck

Address 2163 Brunnmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 97889 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1002 S. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susanna Jones

{Residence, if in Baltimore, Give Street and Number.} 1002 S. Eutaw St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: Colored

DATE OF BIRTH: 1

AGE: 87 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Annie Green

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leonard Stuart

(Address) 1002 S Eutaw St

Filed 2/5 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2d 1907

I HEREBY CERTIFY, That I attended deceased from Jan 26 1907 to Feb 2 1907

that I last saw h on alive on Feb 2 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) 8 DAYS

Contributory (Primary.) Apoplexy

(DURATION) 8 DAYS

(Signed) D. A. Groves M.D.

Address 1428 Mary St

Date Feb 4th 1907

Place of Burial Laurel Cemetery

Date Feb 5 1907

Undertaker Geo. H. Horton

Address 609 Little Forest St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 97890

Registered No. B.....

City of Baltimore, (No. 1530 N. Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wilhelmina Reich

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 20 (Day) 1840 (Year)

AGE: 66 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Reich. daughter

(Address) 1530 N. Lanvale St.

Filed 2/5 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 2nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 19 - 1907 to Feb 1st 1907, that I last saw her alive on Feb. 1st 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Congestion of Lungs

(DURATION) 3 DAYS

Contributory Pleuro-Pneumonia

(DURATION) 14 DAYS

(Signed) James E Gauline M.D.

Feb 3 1907 (Address) 1409 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Feb 5 1907

UNDERTAKER: Wm. J. Tickner & Son — ADDRESS: 427 W Lanvale

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 97891 Registered No. B

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. 615 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel A. Jackson

{Residence, if in Baltimore, Give Street and Number.} 615 N. Bond St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Nov. 2nd 1846

AGE 60 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. City, Md.

FULL NAME OF FATHER Samuel A. Jackson

BIRTHPLACE OF FATHER (State or country) Balto. City, Md.

MAIDEN NAME OF MOTHER Sarah J. Barclay

BIRTHPLACE OF MOTHER (State or country) Balto. City, Md.

OCCUPATION OF DECEASED Baggagemaster.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Jackson

(Address) 615 N. Bond

Filed 2/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 4th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 6th 1906 to Feby. 4th 1907

that I last saw him alive on Feby. 5th 1907,

and that death occurred, on the date stated above, at 1.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pthisis Pulmonalis.

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) P. A. Warner M.D.

Address 29 S. N. Bond St.

Date Feby. 4th 1907

Place of Burial London Park

Date Feb 6 1907

Undertaker Wm J. Dickerson & Son

Address Camden & Race

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician, who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 6 Registered No. B 97892

CERTIFICATE OF DEATH.

(Place of Death.) No. 1539 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Sylvester Dorsey

{Residence, if in Baltimore, Give Street and Number.} 1539 Orleans St.

Duration of Residence in Baltimore. Since birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH Sept 17 1906

AGE ..... years, 4 months, 20 days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) m-d

FULL NAME OF FATHER washington Dorsey

BIRTHPLACE OF FATHER (State or country) m-d

MAIDEN NAME OF MOTHER Elmore Spencer

BIRTHPLACE OF MOTHER (State or country) m-d

OCCUPATION OF DECEASED infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother

(Address) 1539 Orleans St

Filed 2/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3rd February 1907

I HEREBY CERTIFY, That I attended deceased from 1st Feb. 1907 to 3rd Feb. 1907

that I last saw h[illegible] alive on 3rd Feb. 1907,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Measles

(DURATION) 7 DAYS

Con'tributory (Primary.) Bronchi-pneumonia (DURATION) 7 DAYS

(Signed) E. M. Boyle M.D.

Address 1418 Jefferson St.

Date 4th February 1907.

Place of Burial Mt Auburn Cemetery

Date Feb 5 1907

Undertaker E. Bryan

Address 2145 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 97893 Registered No. B

CERTIFICATE OF DEATH.

10 V

(Place of Death.) No. 3 Kelly's Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Hill

{Residence, if in Baltimore, Give Street and Number.} 3 Kelly's Court

Duration of Residence in Baltimore. 10 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH —

AGE 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Carroll Co. Md.

FULL NAME OF FATHER Benjamin Black

BIRTHPLACE OF FATHER (State or country) Carroll Co. Md.

MAIDEN NAME OF MOTHER Amanda Woodyard.

BIRTHPLACE OF MOTHER (State or country) Carroll Co. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Laura Bell

(Address) 3 Kelly's Court.

Filed 2/5 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 3d 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 27 1907 to Feby 3d 1907 that I last saw her alive on Feby 3d 1907, and that death occurred, on the date stated above, at 9.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Grippe

(DURATION) 7 DAYS

Contributory (Primary.) Cord.

(DURATION) 7 DAYS

(Signed) H. W. Webner M.D.

Address 723 N. Lombard St.

Date Feby 3d 1907

Place of Burial Mt Auburn Cemetery

Date Feb 6. 1907

Undertaker R. S. Gallant

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97894

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 501, Jefferson n. court St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Levan Manor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1. Year)

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Delware

FULL NAME OF FATHER: George Manna

BIRTHPLACE OF FATHER (State or country): Delware

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Manna

(Address) 501 Jefferson St

Filed 2/5 1907

HARRY B. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 2nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 9th 1907 to Feb. 2nd 1907

that I last saw him alive on 1907,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 10 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) F. C. Ramer M. D.

Feb. 4th 1907 (Address) 1402 Jefferson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore County

DATE OF BURIAL: Feb 5 1907

UNDERTAKER: R. K. Gilbert

ADDRESS: 506 Rose

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B 97893

CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 Booth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Brown

{Residence, if in Baltimore, Give Street and Number.} 1102 Booth St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Bel

DATE OF BIRTH Unknown 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER Lloyd Davis

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Mary Dyson

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Hopkins

(Address) 1102 Booth St

Filed 2/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1 1907 to Feb 4 1907

that I last saw h-r alive on Feb 4 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

1 yr (DURATION) DAYS

Con'tributory (Primary) Asthenia

Exes (DURATION) DAYS

(Signed) T J Howard M.D.

Address 939 W Fayette St

Date Feb 4 1907

Place of Burial Mt Auburn

Date Feb 6 1907

Undertaker John F Coyne

Address 901 Collins Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 97895 Registered No. B 15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 536 Clark St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel J. Bouchet

{Residence, if in Baltimore, Give Street and Number.} 536 Clark st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Feb. 2 1907
AGE	....years, ...months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Samuel J. Bouchet
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Julia Sullivan
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Carough

(Address) 536 Clark st

Filed 2/5/1907 HARRY P. ANDREWS DEPUTY REGISTER Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2d 1907 to Feb 4th 1907

that I last saw h[illegible] alive on Feb 3d 1907

and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Cyanosis

(DURATION) 3 DAYS

Contributory (Primary.)

Circulation (DURATION) 3 DAYS

(Signed) Edward Kelly M.D.

Address 1 E Eager st

Date Feb 5th 1907 ✓

Place of Burial New Cathedral Cem

Date Feb 5 1907

Undertaker Henry Keck & Son

Address 1301 E Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97 V

CERTIFICATE OF DEATH.

Registered No. B 97897

City of Baltimore, (No. 2029 Boyd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella May Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mulatto

DATE OF BIRTH: Apr (Month) 1 (Day) 1906 (Year)

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jas. T. Jones.

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Bertie Jones

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jones

(Address) 2029 Boyd St.

Filed 2/5 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 3 1907 to Feb 4 1907

that I last saw h alive on Feb 3 1907

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Convulsions

1 hr (DURATION) ..... DAYS

Contributory Broncho Pneumonia

..... (DURATION) ..... DAYS

(Signed) Harwood Nelson M. D.

2/4 1907 (Address) 2027 Boyd St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Feb 6 1907

UNDERTAKER: Mrs Geo. P. Paulus — ADDRESS: 2101 Pinkney Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 97898 Registered No. B 97898

CERTIFICATE OF DEATH. 15 V

(Place of Death.) No. 728 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Frisbie

{Residence, if in Baltimore, Give Street and Number.} 728 Hanover

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto-Md

FULL NAME OF FATHER William Frisbie

BIRTHPLACE OF FATHER (State or country) Balto-Md

MAIDEN NAME OF MOTHER Hannie Laney

BIRTHPLACE OF MOTHER (State or country) Balto-Md

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Laney

(Address) 728 Hanover St.

Filed 2/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 5 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to February 5 1907

that I last saw him alive on Feb 4 1907.

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life DAYS

Contributory (Primary.) Indigestion

(DURATION) DAYS

(Signed) H. S. McCard M.D.

Address 2005 Druid Hill Ave

Date Feb 5 1907

Place of Burial Mt. Auburn

Date Feb. 6. 1907

Undertaker C. L. Bruns

Address 1128 Madison Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 97899 — Registered No. B [illegible] 317

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Mc. Fadden

{Residence, if in Baltimore, Give Street and Number.} 1126 N. Carey St.

Duration of Residence in Baltimore. 27 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH ..... 1 .....

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Johnson McFadden

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Louise McFadden

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry McFadden

(Address) 1126 N Carey

Filed 2/5 1907 ✓

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 3, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 24, 1907 to Feb 3, 1907

that I last saw her alive on Feb 3, 1907,

and that death occurred, on the date stated above, at 9:00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ovarian cyst with twisting of the pedicle (PEDICLE) & resulting gangrene ?

..... (DURATION) ..... DAYS

Contributory (Primary) Toxaemia

..... (DURATION) 5 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date Feb 3, 1907

Place of Burial Loudon Park.

Date Feb 5 1907

Undertaker John E. Hough Co.

Address 1422 Penna ave

WM. J. C. DULANY CO., Baltimore.

2.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 97900 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 743 Dew Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Ridgway

{Residence, if in Baltimore, Give Street and Number.} 743 Dew Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH ..... 1 .....

AGE 3 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR~~ DIVORCED

BIRTHPLACE (State or country) Balto -

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/5 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF ~~DEATH~~ Feb. 2 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h... alive on 190

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions
Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. H. Carmichael M.D.

Address Coroner

Date Feb 2 1907

Place of Burial COLLEGE OF P. & S

Date FEB 4 - 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES.

70

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97901 Registered No. B 97901

CERTIFICATE OF DEATH.

(Place of Death.) No. 1521 Argyle Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas J. Lane

{ Residence, if in Baltimore, Give Street and Number. } 1521 Argyle Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 30 1863

AGE 44 years, 8 months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Daniel Lane

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Gilchrist

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Groeninger

(Address) 521 Argyle Ave

Filed 2/5 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 13th 1906 to Feb 5th 1907

that I last saw h[illegible] alive on Feb 4th 1907,

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis
Asthenia

14 Months (DURATION)

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 696 W Franklin St

Date Feb 5th 1907

Place of Burial St Vincent's Cem

Date Feb 7th 1907

Undertaker M. Fahey & Sons

Address 606 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 97902 Registered No. B [illegible]

CERTIFICATE OF DEATH.

10 ✓

(Place of Death.) No. Belvedere Hotel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Esther Boyd Loney Wright

{ Residence, if in Baltimore, Give Street and Number. } Green Spring Valley

Duration of Residence in Baltimore. 2 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 4 1853

AGE: 53 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto, md

FULL NAME OF FATHER: Francis B Loney

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Anne E Keller

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Loney (Brother)

(Address) 1037 Cathedral St

Filed 2/5 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 4th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 30 1907 to Feby 4 1907

that I last saw h[illegible] alive on Feby 4 1907

and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Influenza

(DURATION) 6 DAYS

(Signed) Jas. A. Enright M.D.

Address 1730 N. Eutaw

Date Feby 4th 1907

Place of Burial Druid Ridge Cem

Date Feby 6th 1907

Undertaker H. W. Jenkins Son & Co

Address 23 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 97903 Registered No. B 97903

CERTIFICATE OF DEATH.

31 V

(Place of Death.) No. 1467 Allen St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joanna Reynolds

{Residence, if in Baltimore, Give Street and Number.} 1467 - Allen St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 1862

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Reynolds

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lina Reynolds

(Address) 1467 Allen St

Filed 2/5 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3rd 1907

I HEREBY CERTIFY, That I attended deceased from January 2 1907 to Feb 3rd 1907 that I last saw him alive on Feb 3rd 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Aneurism of Thoracic Aorta

(DURATION) 30 DAYS

Contributory (Primary.) Rupture of Aneurism

(DURATION) — DAYS

(Signed) J Kurley M.D.

Address 724 W. Leary St

Date February 5th 1907

Place of Burial Holy Cross R.C.

Date Feb 6 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97904 Registered No. B

CERTIFICATE OF DEATH.

95 V

(Place of Death.) No. 1520 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlotte Wilson

{Residence, if in Baltimore, Give Street and Number.} 1520 Park Ave.

Duration of Residence in Baltimore. 78 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1

AGE 99 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Stephen Brown

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth J. Young

(Address) 1706 Lafayette Ave

Filed 2/5-1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5 1907

I HEREBY CERTIFY, That I attended deceased from Feb 3 1907 to Feb 5 1907

that I last saw her alive on Feb 3 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old Age + Hypostatic Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) J. W. T. Finney M.D.

Address 1300 Eutaw Pl.

Date Feb. 5 1907

Place of Burial Dr. Cemetery

Date Feby 8 1907

Undertaker Thomas E. Wright

Address 1364 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age** [illegible] either married or single) of the person deceased, and the **cause and date of death.**

Ward 19 97906 Registered No. B

CERTIFICATE OF DEATH.

41V

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rufus Grissom

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1877

AGE: 29 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): N Carolina

FULL NAME OF FATHER: Rufus Grissom

BIRTHPLACE OF FATHER (State or country): N Carolina

MAIDEN NAME OF MOTHER: Mary Brummit

BIRTHPLACE OF MOTHER (State or country): N Carolina

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Grissom

(Address) Henderson N Carolina

Filed 2/5/1907 HARRY M. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 5th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 4th 1907 to Feby. 5th 1907

that I last saw h~~im~~ alive on Feby. 5th 1907, and that death occurred, on the date stated above, at 2 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia - following Intestinal Obstruction due to Neoplasm of Caecum.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. E. Riggs M.D.

Address 1514 Division St

Date Feby. 5th 1907

Place of Burial Henderson N Carolina

Date February 5 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — Registered No. 97906 — 93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 627 Forney Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph B. Porter

{Residence, if in Baltimore, Give Street and Number.} 627 Forney Alley

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1905

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) St. Mary's Co Md

FULL NAME OF FATHER Thomas Porter

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Annie Gant

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Porter

(Address) 627 Forney alley

Filed 2/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 4th 1907

I HEREBY CERTIFY, That I attended deceased from Feby. 1st 1907 to July 4th 1907 that I last saw him alive on July 4th 1907 and that death occurred, on the date stated above, at 12 noon CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Bell, M.D.

Address 1821 N Lanvale St.

Date Feby 6, 1907 1907

Place of Burial St Peters Cemetery

Date February 6 1907

Undertaker Felix B. Pyr

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 9790. 97907 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1705 Latrobe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ella Taylor.

{Residence, if in Baltimore, Give Street and Number.} 1705 Latrobe St.

Duration of Residence in Baltimore. Eleven years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR colored

DATE OF BIRTH Feb. 3rd 1907

AGE 35 years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Grockland Cuba

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Grockland Cuba

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Grockland Cuba

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Taylor

(Address) 1705 Latrobe St

Filed 2/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 4. 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 3 1907 to Feb. 4 1907

that I last saw h[illegible] alive on Feb 4 1907

and that death occurred, on the date stated above, at 2:10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. H. G. Schmull M.D.

Address 424 - East 23 St

Date Feb. 4 1907

Place of Burial Laural Cemetery

Date February 6 1907

Undertaker R A Elliott

Address 906 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97908 Registered No. B 97908

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Martin

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holyday, Supt. BAY VIEW ASYLUM

(Address)

Filed 2/6 1907. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 5 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Feb 5 1907 that I last saw him alive on Feb 5 1907, and that death occurred, on the date stated above, at 1.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Aortic and Mitral regurgitation,

..... (DURATION) ..... DAYS

Contributory (Primary) Angina Pectoris. (DURATION) ..... DAYS

(Signed) R R Norris M.D

Address Bay View Hospital

Date Feb. 5 1907

Place of Burial St. Peters Dem.

Date Feb. 6th 1907

Undertaker Jno. A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward V

97909

Registered No. B V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1828 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Jn. Adams

{Residence, if in Baltimore, Give Street and Number.} 1828 Gough St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 6 1906

AGE 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ind.

FULL NAME OF FATHER George E. Adams

BIRTHPLACE OF FATHER (State or country) Ind.

MAIDEN NAME OF MOTHER Kate Crist

BIRTHPLACE OF MOTHER (State or country) Ind.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. E. Crist

(Address) 1828 Gough St.

Filed 2/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 5" 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 11" 1907 to Feby 4 1907 that I last saw her alive on Feby 4 1907, and that death occurred, on the date stated above, at 2.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia followed Measles

(DURATION) ~ DAYS

Contributory (Primary.) Cardiac Exhaustion

(DURATION) ~ DAYS

(Signed) John Rotte M.D.

Address 2097 Eastern Ave

Date Feby 5" 1907

Place of Burial Int. Carmelbem

Date Feb. 7th 1907

Undertaker Jno. A. Inman

Address Bank & Amity

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 97910 Registered No. B 667

CERTIFICATE OF DEATH.

(Place of Death.) No. 1318 N Gilmor St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs Julia Elizabeth Holbein.

{Residence, if in Baltimore, Give Street and Number.} 1318 Gilmor St - North.

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Dec. 28 1822
AGE	84 years, 1 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Pikesville Md.
FULL NAME OF FATHER	Michael Corbett.
BIRTHPLACE OF FATHER (State or country)	Ireland.
MAIDEN NAME OF MOTHER	Catherine Kennedy.
BIRTHPLACE OF MOTHER (State or country)	Ireland.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. C. Shannon

(Address) 1442 Pressman St.

Filed 2/6 1907 HARRY C. ANDREE, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 4 - 1907

I HEREBY CERTIFY, That I attended deceased from Jany 25 1907 to Febry 4 1907 that I last saw h alive on Febry 2 1907, and that death occurred, on the date stated above, at 2 30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 7 DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) George C. Shannon M.D.

Address 1442 Pressman St

Date Febry 5. 1907

Place of Burial New Cathedral

Date 2-7-07

Undertaker Wm. H. Gaither

Address 901 W. North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97911

City of Baltimore, (No. 609, N. Carrollton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin E Childs

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Aug 25th 1836 (Month) (Day) (Year)
AGE	70 years, 5 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	William Childs
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Ruth Read
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. J. Jones due

(Address) 609 N. Carrollton

Filed 2/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 13 1907 to Feb 4 1907 that I last saw h[im] alive on Feb 4 1907, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

Hypostatic

(DURATION) DAYS

Contributory Heart Lesion

General debility (DURATION) DAYS

(Signed) Wm Dulany Thomas M. D.

Feb 5 1907 (Address) 633 Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Feb 7 1907
UNDERTAKER	ADDRESS
Geo J Smith Co.	1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regu[lations] of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 97912 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 4417 Parks Heights Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ella C Tormey

{Residence, if in Baltimore, Give Street and Number.} 4417 Parks Heights Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR cw

DATE OF BIRTH July 9 1853

AGE 53 years, 6 months, 25 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED.~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm C. Tormey

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Amelia H. Rochester

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs W.C. Berry

(Address) 713 N. Calhoun St

Filed 2/6 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 4th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 5 1906 to Feby 4th 1907 that I last saw h alive on Feby 2nd 1907, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastric Ulcer & Complications

Several Months (DURATION) DAYS

Contributory (~~Primary~~.) Nervousness (DURATION) 1/2 Year

(Signed) Thomas J. Talbott MD.

Address Eutaw & Wilson,

Date Feby 6th 1907

Place of Burial Loudon Park

Date Feb. 7 1907

Undertaker Chas. E. Frazer

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B 97963

CERTIFICATE OF DEATH.

14 ✓

(Place of Death.) No Md Homoeo Hospital - 1122 N Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Foot

{Residence, if in Baltimore, Give Street and Number.} 2016 Division St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): West River Md

FULL NAME OF FATHER: Hooley Foote

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mc Cowan

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lloyd Foote

(Address) 2016 Division St

Filed 2/6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5 1907

I HEREBY CERTIFY, That I attended deceased from Oct 16 1906 to Feb 5 1907

that I last saw h alive on Feb 5 1907

and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 2 DAYS

Con'ributory (Primary.) Organic Heart

(DURATION) ? DAYS

(Signed) M. W Shook M.D.

Address Md Homoeo Hospital

Date Feb 6 1907

Place of Burial Laurel

Date Feb 6 1907

Undertaker Abel Hamerly

Address 5780 Baden

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97914

City of Baltimore, (No. Collins ave St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Henry Herold

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March (Month) ... 1875 (Year)

AGE: 31 years, 10 months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Herold

(Address) Collins ave

Filed 2/6 1907

HARRY C. ANDR[illegible]
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 4th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan'y 19th 1907 to February 4th 1907

that I last saw him alive on February 4th 1907,

and that death occurred, on the date stated above, at 10.25 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 26 DAYS

Contributory Gangrene - about
Hemorrhage (DURATION) 21 DAYS

(Signed) John G. Holliday M. D.

Feb'y 5 1907 (Address) 714 Fredk ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Laem:

DATE OF BURIAL: Feb: 7 1907

UNDERTAKER: C. W. Dill.

ADDRESS: 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3 V 97915 Registered No. B

CERTIFICATE OF DEATH.

157 V

(Place of Death.) No. 717 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kady Yuras

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Febrar 4 1907

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Josef Yuras

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Agnes Kurgan

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josef Yuras

(Address) 717 S. Bond St

Filed 2/6 1907 HARRY J. ... Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febrar 6 1907

I HEREBY CERTIFY, That I attended deceased from Febrar 4 1907 to Febr 4? 1907 that I last saw h alive on Febr 4? 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Debility (DURATION) 2 DAYS

Contributory (Primary.)

Inanition (DURATION) 2 DAYS

(Signed) J. J. Zuvaski M.D.

Address 722 S Ann st

Date Febrar 6 1907

Place of Burial St Stanislaus.

Date Feby 6 " 1907

Undertaker M F Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 97916 — Registered No. B 97916

CERTIFICATE OF DEATH.

90 V

(Place of Death.) No. 232 Druid Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edgar F. Crockett

{Residence, if in Baltimore, Give Street and Number.} 232 Druid Ave

Duration of Residence in Baltimore. 24

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 13 1906

AGE: ..... years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Rosco C. Crockett

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Annie M. Southoff

BIRTHPLACE OF MOTHER (State or country): Wells Balto Co

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. C. Crockett

(Address) 232 Druid Ave

Filed 2/6 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1 1907 to Feb 4 1907 that I last saw h~~im~~ alive on Feb 4 1907, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) 4 DAYS

(Signed) D W Smith M.D.

Address 206 3rd Ave

Date Feb 5 1907

Place of Burial St Mary's

Date Feb 6 1907

Undertaker V. J. Marshall

Address 2539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 40 Registered No. B 92912

CERTIFICATE OF DEATH.

(Place of Death.) No. 409 n milton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick G. muller

{Residence, if in Baltimore, Give Street and Number.} 409 n milton ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Nov. 18 1878

AGE 28 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Muller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Kate Eilermann

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Buyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Muller

(Address) 409 N. Milton Ave.

Filed 2/6 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 4 1907

I HEREBY CERTIFY, That I attended deceased from Jan 14 1907 to Feb 4 1907 that I last saw him alive on 11 1907, and that death occurred, on the date stated above, at 2.40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pernicious anemia

(DURATION) 30 DAYS

Con ributory (Primary.) Hemorrhage of the nose (DURATION) 7 DAYS

(Signed) A. C. Baare M.D.

Address 146 milton ave

Date Feb 5 1907

Place of Burial Loudon Park Cem

Date Feb. 7 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 97913

Registered No. B 97913

CERTIFICATE OF DEATH.

(Place of Death.) No. 1930 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George V. Rossmark

{Residence, if in Baltimore, Give Street and Number.} 1930 Bank St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 12 1851

AGE 31 years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Rossmark

(Address 1930 Bank St.

Filed 2/6 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 4 1907

I HEREBY CERTIFY, That I attended deceased from Oct 15 1905 to Feb 4 1907

that I last saw him alive on Feb 4 1907

and that death occurred, on the date stated above, at a M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

1 yr 5 mos (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) J. L. Blades M.D.

Address 1436 Bway

Date 190

Place of Burial Oak Lawn

Date Feb 6 1907

Undertaker A. Lauter Sons

Address 110 Caroline Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97919

City of Baltimore, (No. 49 Browns Lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME August Haas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 28 (Month) (Day) 1888 (Year)

AGE: 17 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Anton Haas.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Schaefer.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Haas.

(Address) 49 Browns lane.

Filed 2/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 4th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1905 to Feb 3rd 1907 that I last saw h.. alive on Feb 3rd 1907, and that death occurred, on the date stated above, at 6 a. M. The CAUSE OF DEATH was as follows:

Diabetes Mellitus

(DURATION) 2 years

Contributory

(DURATION) DAYS

(Signed) J. L. Shearer M. D.

Feb 5th 1907 (Address) 103 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb. 6. 1907

UNDERTAKER: E. W. Mitchell

ADDRESS: 1208 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 — Registered No. 57920 — 1347

CERTIFICATE OF DEATH.

(Place of Death.) No. 1523 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hood

{Residence, if in Baltimore, Give Street and Number.} 1523 W Lombard st

Duration of Residence in Baltimore, 29 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 4 1824

AGE: 82 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Jas Hood

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Sarah McCallister

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John W Hood

(Address) 501 W Lombard st

Filed 2/6 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 4th 1907

I HEREBY CERTIFY, That I attended deceased from January 25 1907 to Feby 4 1907 that I last saw h im alive on Feby 4 1907 and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James Bordley M.D.

Address 1701 Hollins av

Date Feby 6 1907

Place of Burial Loudon Park

Date Feb 6th 1907

Undertaker E Madison Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97921 Registered No. B 97921

CERTIFICATE OF DEATH.

(Place of Death.) No. 506 S Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Heckmann

{Residence, if in Baltimore, Give Street and Number.} 506 S Bradford St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 3 1833

AGE: 73 years, ... mont's, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: don't know

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: ~~[illegible]~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Meixner

(Address) 506 S. Bradford

Filed 2/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4 1907

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to Feb 4. 1907 that I last saw h— alive on Feb 1 1907, and that death occurred, on the date stated above, at 5:20 M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis Chron (DURATION) 90 DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) A L Long M.D.

Address 2429 Fait Ave

Date Feb 4 1907

Place of Burial Mt. Samuel

Date Feby 7th 1907

Undertaker Robt Plumber

Address Bway. Tolleys

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

97922

CERTIFICATE OF DEATH.

93/

(Place of Death.) No. 1438 N. Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herbert Madden

{Residence, if in Baltimore, Give Street and Number.} 1438 Mount St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1905

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas Madden

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Lucy Johnson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Louise Madden

(Address) 1438 Mount St

Filed 2/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 4th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Baetzman M.D.

Address 700 Log. av. (Roxbury)

Date Feby. 6th 1907

Place of Burial Mt Auburn Cemetery

Date Feb. 6 1907

Undertaker Felix B. Pyc

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B 97923 91

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 Park Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Macaulay Birckhead

{ Residence, if in Baltimore, Give Street and Number. } 509 Park Avenue

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 24th 1830

AGE 77 years, 7 months, 11 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Patrick Macaulay

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Sara Thornburg

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Macaulay Birckhead

(Address) 509 Park Avenue

Filed 2/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 5th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 6th 1904 to Feb 5th 1907 that I last saw h er alive on Feb 5th 1907 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchiectasis

dilatation of the heart

about 4 years (DURATION) — DAYS

Contributory (Primary.) Anaemia

asthenia. 6 mos (DURATION) — DAYS

(Signed) Samuel Johnston M.D.

Address 709 N. Monument

Date Feb 6th 1907

Place of Burial St. Paul Cem Ft. Germain & Fremont Sts

Date Feb. 8 1907

Undertaker Henry W. Jenkins & Co

Address 237 Saratoga

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97924 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1703 McHenry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A Russell

{Residence, if in Baltimore, Give Street and Number.} 1703 McHenry St

Duration of Residence in Baltimore. 70

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ?, 1823?

AGE Colored 84 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER A Musgrave

BIRTHPLACE OF FATHER (State or country) Md,

MAIDEN NAME OF MOTHER Eliz Hardesty

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Butler

(Address) 1313 Madison Ave

Filed 2/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1907 to Feb 5th 1907 that I last saw h[illegible] alive on Feb 4th 1907 and that death occurred, on the date stated above, at 2.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Con'tributory (Primary) Old age (DURATION) DAYS

(Signed) Ezekiel F. Mortenay M.D.

Address 125 N Fulton Ave

Date Feb 5th 1907

Place of Burial London Park

Date Feb. 7th 1907

Undertaker G.F. Walker

Address 723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 97925

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1837, Fulton Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Allen B Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: January (Month) 2 (Day) 1867 (Year)	
AGE: 40 years, 1 months, 3 days	
SINGLE, MARRIED, WIDOWED OR DIVORCED: ~~M~~ Dependent friend	
BIRTHPLACE (State or country): Hanford Co. Md	
FULL NAME OF FATHER: Geo H Thompson	
BIRTHPLACE OF FATHER (State or country): Dont Know	
MAIDEN NAME OF MOTHER: "	"
BIRTHPLACE OF MOTHER (State or country): "	"
OCCUPATION OF DECEASED: Laboring Man	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Celia Thomas

(Address) 1837 Fulton Ave

Filed 2/6/1907 HARRY O. MOORE, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 22 1907 to July 4 1907

that I last saw h... in alive on February 4 1907,

and that death occurred, on the date stated above, at 5 M. The CAUSE OF DEATH was as follows:

Pneumonia,

(DURATION) 14 DAYS

Contributory Heart Failure

(DURATION) ..... DAYS

(Signed) W J Chappell M. D.

2/4 1907 (Address) 135 N Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 10 1907

UNDERTAKER: W J Adamson

ADDRESS: 611 Park

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97926

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 14 South Register St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elmore Correll

{Residence, if in Baltimore, Give Street and Number.} 14 S. Register St

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: Sept 22 1906

AGE: ..... years, 4 months, 22 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Langston Correll

BIRTHPLACE OF FATHER (State or country): Bachs.

MAIDEN NAME OF MOTHER: Morgan

BIRTHPLACE OF MOTHER (State or country): Bachs.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Correll

(Address) 14 South Register

Filed Feb 7 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 4th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 4th 1907 to Feby 4 1907

that I last saw her alive on Feby 4 1907,

and that death occurred, on the date stated above, at 12.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea

(DURATION) Hr DAYS

Contributory (Primary.)

Pneumonia (DURATION) 2 DAYS

(Signed) E. B. Britton M.D.

Address 1711 E Baltimore St

Date Feb 8th 1907

Place of Burial Johnsville

Date February 7 1907

Undertaker R. F. Elliott

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 9792

Registered No. B 9792

CERTIFICATE OF DEATH.

(Place of Death.) No. 928 Mowis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Howard

{Residence, if in Baltimore, Give Street and Number.} 928 Mowis St

Duration of Residence in Baltimore. 9 Mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Afric. Am

DATE OF BIRTH 1888 1

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Prince Georges Co.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Pantry boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Fields

(Address) 928 Mowis St.

Filed 2/10 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 5th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 25 1907 to Feb. 5 1907 that I last saw h. alive on Feb 4th 1907 and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia Phthisis

of 4 weeks duration

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mod. Ave

Date Feb. 5th 1907

Place of Burial Laurel

Date February 7 — 1907

Undertaker R. A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

Ward 11

CERTIFICATE OF DEATH. 97928

(Place of Death.) No. 505 Biddle alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Jackson

{ Residence, if in Baltimore, Give Street and Number. } 505 Biddle alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Jackson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Ida Gaines

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Gaines

(Address) 505 Biddle alley

Filed 2/16 190 7

HARRY M. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. 4th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Shock

..... (DURATION) ..... DAYS

Contributory (Primary.) accidental burns, duration unknown (DURATION) ..... DAYS

(Signed) Lisa Baccani M.D.

Address 705 Lex. av. (Corner)

Date ..... 190 .....

Place of Burial Mt Auburn Cemetery

Date Jan Feb 7 1907

Undertaker E A Kelliatt

Address 506 Pine Spe

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ....

97929

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 Henry St St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Caroline M. Carter.

{ Residence, if in Baltimore, Give Street and Number. } 614 Henry St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 10 1905

AGE 2 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER Frank P. Carter

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER Mary Hecker

BIRTHPLACE OF MOTHER (State or country) Baltimore city

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Frank P Carter

(Address) 614 Henry St

Filed 2/6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6 1907

I HEREBY CERTIFY, That I attended deceased from Feb 5 1907 to Feb 5 1907

that I last saw her alive on Feb 5 1907

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate

Diptheria

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. Edward Hance M.D.

Address 728 Hanover St.

Date Feb 6 1907

Place of Burial Schwartzes Cemetery

Date Feb 7th 1907

Undertaker Geo Bentz

Address 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

9793

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 531 Oxford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edmonia Ashby

{Residence, if in Baltimore, Give Street and Number.} 531 Oxford St

Duration of Residence in Baltimore. Same year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Breckenridge

(Address) 531 Oxford st

Filed 2/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. 5th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Consumption

about 3 mos (DURATION) DAYS

Contributory (Primary.) Consumption

(DURATION) DAYS

(Signed) Oscar Baccani M.D.

Address 700 Lafayette Ave (Comm)

Date Feby 6th 1907

COLLEGE OF P. & S.
FEB 6 - 1907

Place of Burial .....

Date 190

Undertaker: Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

71

Ward 7 Registered No. B 97930

CERTIFICATE OF DEATH.

(Place of Death.) No. 209 Third Ave Hampden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura Marguerite Mathias

{Residence, if in Baltimore, Give Street and Number.} 209 Third Ave Hampden

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 30 1907

AGE [redacted] years, [redacted] months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED [redacted]

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER George Mathias

BIRTHPLACE OF FATHER (State or country) Carroll Co

MAIDEN NAME OF MOTHER Ida Stricklin

BIRTHPLACE OF MOTHER (State or country) Carroll Co

OCCUPATION OF DECEASED [redacted]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Mathias Father

(Address) 209 Third Ave Hampden

Filed 2/10 1907

HARRY C. ANDR[illegible], PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6 1907

I HEREBY CERTIFY, That I attended deceased from Feb 3 1907 to Feb 5 1907

that I last saw her alive on Feb 5 1907

and that death occurred, on the date stated above, at 11 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Le Grave Convulsions

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) D Smith M.D.

Address 216 - 3rd Ave

Date Feb 6th 1907

Place of Burial St Mary's Hampden

Date Feb 7 1907

Undertaker W. E. Chenoweth & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ...

Registered No. B 97532

CERTIFICATE OF DEATH.

(Place of Death.) No. 1119 Argyle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Cousin

{Residence, if in Baltimore, Give Street and Number.} 1119 Argyle ave

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Col

DATE OF BIRTH: 1852

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Pocomoke

FULL NAME OF FATHER: Henry Gillette

BIRTHPLACE OF FATHER (State or country): Pocomoke

MAIDEN NAME OF MOTHER: Elizabeth Collins

BIRTHPLACE OF MOTHER (State or country): Pocomoke

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alma Welch

(Address) 1119 Argyle Ave

Filed 2/6 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 5 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28 1907 to Feb 5 1907

that I last saw h[illegible] alive on Feb 4 1907,

and that death occurred, on the date stated above, at 2 40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia contributory

Lagrippe

(DURATION) 7 DAYS

Contributory (Primary.) Heart

(DURATION) 7 DAYS

(Signed) Dr. [illegible] Tennant M.D.

Address 708 Eutaw st

Date Feb 5 1907

Place of Burial Pocomoke Md

Date February 9 1907

Undertaker Saml H. Chase

Address 1011 W. Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12th 97933 Registered No. B 97933

CERTIFICATE OF DEATH.

83 r

(Place of Death.) No. 1200 Patuxent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August J. Hecker

{Residence, if in Baltimore, Give Street and Number.} 1200 Patuxent St.

Duration of Residence in Baltimore. 60 yrs. 2 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 5 1846

AGE: 60 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Frederick W. Hecker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Wittenfeld

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Hardware Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward J. Hecker

(Address) 1200 Patuxent St.

Filed 2/6 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5 1907

I HEREBY CERTIFY, That I attended deceased from Oct 22 1906 to Feb 5 1907 that I last saw him alive on Feb 5 1907, and that death occurred, on the date stated above, at 11.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

General exhaustion

& Cardiac Dilatation

Purulent Diarrhoea (DURATION) 3 DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) 15 months

(Signed) [illegible] M.D.

Address Caroline & Dillon Sts

Date Feb 6 1907

Place of Burial Immanuel Cemetery

Date Feb 8 1907

Undertaker Louis Hartmann

Address 6 S Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 97954 Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf. asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Alice Nest

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inft. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Jan 5th 1907

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 2/6 1907 HARRY O. ANDERSON PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febr 5th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 19th 1907 to Febr 5th 1907 that I last saw her alive on Feb. 4th 1907, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. N. Hayward M.D.

Address 1330 N Caroline

Date 2-4 1907

Place of Burial New Cathedral

Date Feb. 6th 1907

Undertaker Martin Fahey's Sons

Address 406 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 7935 Registered No. B[illegible]

CERTIFICATE OF DEATH.

15 IV

(Place of Death.) No. St. Vincents Infnt. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Cath. Magner

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infnt. Asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Jan 6th 1907

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 2/6 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 7th 1907 to Feb 4th 1907

that I last saw her alive on " " 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. V. Hayward M.D.

Address 1225 N Caroline

Date Feb 5 1907

Place of Burial New Cathedral

Date Feb. 6th 1907

Undertaker M. Faherty Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97936 Registered No. B

CERTIFICATE OF DEATH.

151V

(Place of Death.) No. St. Vincents Infk. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sylvester Cachoun

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infk. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Jan 1st 1907

AGE ..... years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 2/6 1907 HARRY O'ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 4th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Feb. 4th 1907 that I last saw h in alive on " " 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1237 Caroline

Date 2-6- 1907

Place of Burial New Cathedral

Date Feb. 4th 1907

Undertaker Martin Tabeyt Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B 97937 — 151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infl. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo Johnson

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infl. Asylum,

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Jan 20 1907

AGE ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 2/6 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 4th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20th 1907 to Feb. 3rd 1907 that I last saw h[illegible] alive on " " 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 2-5- 1907

Place of Burial New Cathedral

Date Feb. 6th 1907

Undertaker Martin Dulany Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91 V

CERTIFICATE OF DEATH.

Registered No. B 97938

City of Baltimore, (No. 717, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Sommers

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 66 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charity Org. Soc.

(Address) Lombard & Broadway

FILED ..... 190 7 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 5 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to Feb 5 1907 that I last saw h[illegible] alive on Feb 5 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis

..... (DURATION) ..... DAYS

Contributory —

..... (DURATION) ..... DAYS

(Signed) John C. Gradwohl M. D.

Feb 5 1907 (Address) 1811 E Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Trinity — DATE OF BURIAL: Feb 7 1907

UNDERTAKER: Wendell Disney & Co — ADDRESS: 330 S Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward XX

97939

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name George M. Baltron

{ Residence, if in Baltimore, Give Street and Number. } Elliott Co

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) U.S.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. J. Lippert

(Address) Washington Co R.R.

Filed Feb 7th 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 21 1906 to Feb 6 1907

that I last saw h[illegible] alive on Feb 6 1907

and that death occurred, on the date stated above, at 2.50 A. M. CAUSE OF DEATH (Secondary or Immediate

1 Secondary

Meningitis — following Acute Suppurative Otitis Media — (DURATION) DAYS

Contributory (Primary.) Pneumonia (DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date February 6 1907

Place of Burial Washington Co.

Date Feb 7 1907

Undertaker W. S. Fiss

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 97940 — Registered No. B ..... 97 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1800 Riggs Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Anne Bruce Smith

{Residence, if in Baltimore, Give Street and Number.} 1800 Riggs ave

Duration of Residence in Baltimore. four months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 1905

AGE One years, two months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Juno, Alaska

FULL NAME OF FATHER Arthur Smith

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Ada Bromley

BIRTHPLACE OF MOTHER (State or country) Pittsburg

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur C. Smith

(Address) 1800 Riggs Ave

Filed Feb 7th 1907 — J. C. ANDREWS, PERMIT CLERK. — Registrar

Cert'd R

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 6th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to Feb. 6th 1907 that I last saw h[e] alive on Feb 6th 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Cardiac Dilatation

(DURATION) 1 DAYS

(Signed) H E Beck M.D.

Address 214 E Preston St

Date Feb. 6 1907

Place of Burial Pittsburg Pa

Date Feb 8 1907

Undertaker Bertram & Son

Address 1723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 97941 Registered No. B 15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1808 Monroe St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Clinton Spencer Hopkins

{Residence, if in Baltimore, Give Street and Number.} 1808 Monroe St.

Duration of Residence in Baltimore. 12 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: January 25 1907

AGE: ~~11 days~~ years, ... months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Stollis Hughes Hopkins

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Elizabeth Spencer

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Garrison M.D.

(Address) 1257 N. Broadway

Filed 2/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 6 1907

I HEREBY CERTIFY, That I attended deceased from January 25 1907 to Feb 6 1907 that I last saw him alive on Feb 5 1907, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

General debility

(DURATION) 12 DAYS

Contributory (Primary.) Premature birth

(DURATION) ..... DAYS

(Signed) Wm. Garrison M.D.

Address 1257 N. Broadway

Date February 6 1907

Place of Burial Laudon Park Cemetery

Date Feb 7th 1907

Undertaker H. C. Smith Funeral Co

Address ~~17 S. Broadway~~ 833 Linden Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 97942 Registered No. B 9?V

CERTIFICATE OF DEATH.

(Place of Death.) No. 558 Orchard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Viola Glen

{Residence, if in Baltimore, Give Street and Number.} 558 Orchard St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR ed

DATE OF BIRTH 1

AGE ..... years, 14 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Glen

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Lucilla Cabel

BIRTHPLACE OF MOTHER (State or country) N C.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Glen

(Address) 558 Orchard

Filed 2/7 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 5, 1907.

I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1907 to Feb. 4, 1907 that I last saw h[illegible] alive on Feb. 4, 1907 and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (DURATION) 7 DAYS

Contributory (Primary.) Rickets (DURATION) ? DAYS

(Signed) Hedwig Jorgensen M.D.

Address 922 Mad. Ave.

Date Feb. 6, 1907

Place of Burial Laurel Cemetery

Date Feby 7th 1907

Undertaker Felix B Bye

Address 102 E Mulberry St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 97943 — Registered No. B 97943

CERTIFICATE OF DEATH.

12 V

(Place of Death.) No. 2 — St. E Henrietta

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Kloid

{ Residence, if in Baltimore, Give Street and Number. } 2 E Henrietta St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: September 4 1905

AGE: 1 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Fred. W. Kloid

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary La Barre

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred W. Kloid father

(Address) 2 E Henrietta St

Filed 2/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 5 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 4. 1907 to Febry 5 1907

that I last saw her alive on Feb 4 1907

and that death occurred, on the date stated above, at 2.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

(DURATION) 3 days DATE

Contributory (Primary.) Apnoea

(DURATION) DATE

(Signed) Otto Reinhardt M.D.

Address 1017 St Charles St

Date February 6 1907

Place of Burial Holy Cross Feb 6

Date Feb 7 1907

Undertaker E Hale

Address 115 E West St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 97944 — Registered No. B 1662

CERTIFICATE OF DEATH.

(Place of Death.) No. In Cell at Central Police Station St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Dennis

{Residence, if in Baltimore, Give Street and Number.} 223 N. Chase st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Richard Dennis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet Young

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Driver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Elizabeth Dennis.

(Address) 223 N. Chase St.

Filed 2/1 1907 HARRY C. ANDRAE, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 4 — 1907

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Concussion of brain

(DURATION) 4½ hrs

Contributory (Primary.) accidental

fall from wagon (DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 E. Caroline st

Date Feb. 6 — 1907

Place of Burial Mt. Auburn Cemetery

Date February 7th 1907

Undertaker Felix B. Frye

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97945

City of Baltimore, (No. 1027 N. Calhoun St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Addison

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER George Addison

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Lillie Burgess

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Lena Addison

(Address) 1027 Calhoun

Filed 2/7 1907

HARRY C. INDRAWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 6 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 7 1907 to Feb 6 1907

that I last saw h.. in alive on Feb. 5 1907

and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:

Old Age

(DURATION) DAYS

Contributory Prostitute and Cystitis

(DURATION) DAYS

(Signed) J. Thurman Dulaney M. D.

Feb 8 1907 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St. Peters Cemetery | DATE OF BURIAL Feb 8 1907

UNDERTAKER Felix B. Fitz | ADDRESS 102 E Madison St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 97946 — Registered No. B ...

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 316 Stark — St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Edith Payton

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: One ... years, 1 ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Matthew Payton

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Trick Smallwood

BIRTHPLACE OF MOTHER (State or country): Baltimore City Md.

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matthew Payton

(Address) 316 Stark St.

Filed 2/7 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 6th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1907 to ... 190...

that I last saw him alive on ... 190...

and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Bilat.

... (DURATION) ... DAYS

Contributory (Primary)

... (DURATION) ... DAYS

(Signed) J. W. Schubert M.D.

Address 711 N. Fremont

Date Feb 6th 1907

Place of Burial Mt Auburn Cemetery

Date Feb 7 1907

Undertaker Felix Pye

Address 1026 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE

97947

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97947

Registered No. B ~~97947~~

City of Baltimore, (No. 402 S. Poppleton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bonnie Wheeler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 2nd (Month) (Day) 1906 (Year)

AGE: ..... years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: William Wheeler

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mamie Walsh

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Wheeler

(Address) 402 S. Poppleton st

Filed 2/7 1907

HARRY C. ANDREAS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 6 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to Feb 6 1907

that I last saw her alive on Feb 5 1907,

and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) Two DAYS

Contributory Teeth

(DURATION) 6 DAYS

(Signed) Walter A. Dorsey M.D.

2-7 1907 (Address) 805 Hollins

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Feb. 7 1907

UNDERTAKER: A. Jones

ADDRESS: 216 S. Strieker st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97948

93

97948

CERTIFICATE OF DEATH.

Registered No. B [redacted]

City of Baltimore, (No. 2113, Maryland St.; ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Kenneth B Sull

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Aug (Month) 24 (Day) 1906 (Year)	
AGE: ..... years, 5 months, 13 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Jessie L. Sull
BIRTHPLACE OF FATHER (State or country)	Somerset Co Md
MAIDEN NAME OF MOTHER	Belle Turpin
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie L. Sull

(Address) 2113 Maryland ave

Filed 2/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 5 1907 to July 6 1907

that I last saw him alive on July 6 1907

and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) DAYS

Contributory Convulsions

(DURATION) DAYS

(Signed) H. Barnard M. D.

July 6 1907 (Address) 2112 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Kingston, Somerset Co Md

DATE OF BURIAL: Feb 7 1907

UNDERTAKER: E M Mitchell

ADDRESS: 1201 N Fayette st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 97949

Registered No. B

City of Baltimore, (No. 1832 Lemon St.; Ward 7)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maria Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Robt Mosby

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Matilda Lewis

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catharine Swann

(Address) 1832 Lemon St

Filed 2/7 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 28 1907 to July 5 1907 that I last saw her alive on July 5 1907, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Bright's disease

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) L V Nelson M.D.

July 6 1907 (Address) 1303 W Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount	Feb 8 1907
UNDERTAKER	ADDRESS
Alfred J Inlow	1112 Schroeder

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

97950

CERTIFICATE OF DEATH.

47 ✓

(Place of Death.) No. 847½ Boyd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Scott

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Scott

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary Jones

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Jones

(Address) 757 North St

Filed 2/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar ✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5th 1907

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1.00 P.M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatism

(DURATION) DAYS

Contributory (Primary.) Acute mania

Inter. Gingivitis, Ulcerative, Hard. (DURATION) DAYS

(Signed) J. D. Gelstart M.D.

Address 211 W. Lanvale (Above)

Date Feb 6th 1907

Place of Burial Mt Auburn ✓

Date Feb 8 1907

Undertaker 106 North Schroder St

Address Alfred L. Freeland

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

97951 Registered No. B 97951

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2129 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Lyndall Kaufman

{Residence, if in Baltimore, Give Street and Number.} 2129 Hollins St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mch. 25 1906

AGE ..... years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert L. Kaufman

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Carrie Hilburn

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Kaufman

(Address) 2129 Hollins St.

Filed 2/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1907 to Feb 5th 1907

that I last saw h[illegible] alive on Feb 5th 1907

and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or immediate.)

Acute meningitis of Convulsions

Asthenia.

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date Feb 6th 1907

Place of Burial Loudon Park.

Date Feb. 8. 1907

Undertaker Mrs Geo P Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97952

City of Baltimore, (No. 416, Wkaye St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wilhelmine Klemsen

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	— (Month) — (Day) 1850 (Year)
AGE	57 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Barmen Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Marie Wilms

(Address) 416 Wkaye St

Filed 2/7 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 5th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 29th 1907 to February 5th 1907

that I last saw her alive on Feb. 5th 1907,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Lobar pneumonia

(DURATION) 10 DAYS

Contributory Asthenia

(DURATION) 2 DAYS

(Signed) Jennie B. Bimm M. D.

Feb. 5th 1907 (Address) 1310 S. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill	Feb. 7 1907
UNDERTAKER	ADDRESS
E. J. Fanning	1460 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97953

City of Baltimore, (No. 1224 Maryland Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Smith Gladfelter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March - 1841 (Month) (Day) (Year)

AGE: 66 years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: /

BIRTHPLACE (State or country): Pennsylvania U.S.A.

FULL NAME OF FATHER: Peter Gladfelter

BIRTHPLACE OF FATHER (State or country): U.S.A

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): U.S.A -

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs William S Gladfelter

(Address) 1224 maryland ave

Filed 2/7 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 7 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 5 1907 to Feb. 7th 1907

that I last saw him alive on Feb. 6 1907.

and that death occurred, on the date stated above, at 2.15 a. m. The CAUSE OF DEATH was as follows:

Angina Pectoris

3 Hours (DURATION) DAYS

Contributory Gastritis and Rheumatism (DURATION) 3 Hours DAYS

(Signed) W.A.B. Sellman M. D.

Feb. 7 1907 (Address) 5 E Biddle St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Springfield Ohio

DATE OF BURIAL: July 9 1907

UNDERTAKER: Evans & Spence

ADDRESS: 118 1/2 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 97954 Registered No. B

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1820 Vine St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Stewart.

{ Residence, if in Baltimore, Give Street and Number. } 1820 Vine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1.....

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Stewart

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Martha Ross

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Shaffer

(Address) 204 Union Ave Woodberry

Filed 2/7 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 2d 1906 to Feb 5th 1907

that I last saw h[illegible] alive on Feb 4th 1907

and that death occurred, on the date stated above, at 11.45

I. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Asthenia

(DURATION) 6 Mos

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 656 W Franklin St

Date Feb 6th 1907

Place of Burial Mt Auburn

Date February 7 1907

Undertaker R J Eckhardt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97955

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

97955

Registered No. B.....

City of Baltimore, (No. 2328 E Northan St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William B. Williamsen

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH August 4 1867
(Month) (Day) (Year)

AGE 39 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Carl Williamsen

BIRTHPLACE OF FATHER (State or country) Denmark

MAIDEN NAME OF MOTHER Augusta Holm

BIRTHPLACE OF MOTHER (State or country) Sweden

OCCUPATION OF DECEASED Clothing Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances J. Williamsen

(Address) 2328 E North Ave

Filed 2/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 6 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to Feb. 6 1907

that I last saw him alive on Feb. 5 1907

and that death occurred, on the date stated above, at 6.40 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 7 Mos

Contributory Asthenia

(DURATION) 2 DAYS

(Signed) J. William France M. D.

2/6 1907 (Address) 1401 N Gay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL Baltimore National — DATE OF BURIAL Feb 8 1907

UNDERTAKER Wm Cook — ADDRESS 502 E. Fallad

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 97956 Registered No. B [illegible] 43 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1311 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F. Cook

{Residence, if in Baltimore, Give Street and Number.} 1311 W. Lombard st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 8 1825

AGE 81 years, 10 months, 29 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John H Cook

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Clara Sauer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Merick

(Address) 1311 W Lombard St

Filed 2/7/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 6 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1907 to Feb. 6 1907

that I last saw h[illegible] alive on Feb. 6 1907

and that death occurred, on the date stated above, at 7

11. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Insufficiency

Contributory (Primary.) Nothing (DURATION) Continued DAYS

(DURATION) DAYS

(Signed) J. L. Bowers M.D.

Address 1302 W Lombard

Date Feb 7 1907

Place of Burial Loudon Park

Date Feb 9 1907

Undertaker Jos L Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97957

City of Baltimore, (No. German Aged Home Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wilhelm Schoen

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Nov (Month) 7 (Day) 1828 (Year)

AGE 78 years, 9 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Langa

(Address) G. A. H.

Filed 2/7 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 15 1907 to February 5 1907 that I last saw h[illegible] alive on February 5 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Dropsie

(DURATION) DAYS

Contributory Arterio-sclerosis

(DURATION) DAYS

(Signed) L. F. Reinhard M. D.

February 6 1907 (Address) 1400 Linden Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Trinity Cem

DATE OF BURIAL Feb 8 1907

UNDERTAKER Jos B Cook

ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97958

City of Baltimore, (No. 2936 St Paul St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary J Foster.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 20 1841
(Month) (Day) Year)

AGE: 65 years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Samuel Stonebraker

BIRTHPLACE OF FATHER (State or country): Washington D C

MAIDEN NAME OF MOTHER: Margaret

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Edw Hynson

(Address) 2936 St Paul

Filed 2/7 1907

HARRY O. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 6th 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 15 1906 to February 5 1907 that I last saw h er alive on February 5 1907 and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Diabetes. Organic disease of Heart, and senile Pneumonia, Stated, Had had Diabetes & Heart disease for (DURATION) ..... DAYS

Contributory senile degeneration

(DURATION) ..... DAYS

(Signed) John J Ebbert M. D.

Feb 7 1907 (Address) 624 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Feb 8 1907

UNDERTAKER: J B Cook

ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

Ward 14 97959 Registered No. B 10 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 726 German St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Vogt

{ Residence, if in Baltimore, Give Street and Number. } 726 German St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 30th 1858 ~~1910~~

AGE 48 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Jacob Kleinhein

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Vogt

(Address) 726 German St.

Filed 2/7/07

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 6th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 3d 1907 to Feby 6th 1907 that I last saw her alive on Feby 5th 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Grippe

(DURATION) 4 DAYS

Contributory (Primary.) Fatty Degeneration of Heart, (DURATION) DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard St

Date Feby 6th 1907

Place of Burial Baltimore Cem

Date Feb. 8 1907

Undertaker Jos. L. Cook

Address 1003 W. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97960

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 97960

Registered No. B

City of Baltimore, (No. 38 S. Bond St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Tillie Schmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug (Month) 17 (Day) 1883 (Year)

AGE: 23 years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Louis Schmidt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Henrietta Lindner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Artificial Flower Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna Carolan

(Address) 946 Aisquith

Filed 2/7 1907.

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1907 to Feb 4th 1907 that I last saw her alive on Feb 4 1907, and that death occurred, on the date stated above, at 7.45 A.M. The CAUSE OF DEATH was as follows:

Exhaustion due to Hemorrhage as a result of Typhoid

(DURATION) 2 DAYS

Contributory Typhoid

(DURATION) 25 DAYS

(Signed) R.P. Carman M.D.

Feb 4th 1907 (Address) 1701 E Cam...

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 385 Bond How long at Place of Death? 4 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Feb 7 1907
UNDERTAKER	**ADDRESS**
George W. Riddlemoser & Co	901 Hollins

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

97961

CERTIFICATE OF DEATH.

50 V

(Place of Death.) No. 1917 Linden ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann E. Grimes

{Residence, if in Baltimore, Give Street and Number.} 1917 Linden ave

Duration of Residence in Baltimore. 37 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH December 25 1822

AGE 84 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Washington Co Md

FULL NAME OF FATHER Zegakiah Clagett

BIRTHPLACE OF FATHER (State or country) Washington Co Md

MAIDEN NAME OF MOTHER Ann Lancaster

BIRTHPLACE OF MOTHER (State or country) Washington Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Grimes

(Address) Arlington Md

Filed 2/7 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6 1907

I HEREBY CERTIFY, That I attended deceased from Feb 3 1905 to Feb 6 1907

that I last saw her alive on Feb 6 1907

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus -

known to have existed for

past two years (DURATION) DAYS

Contributory (Primary.) Hypostatic

Pneumonia (DURATION) 21 DAYS

(Signed) John J. Young M.D.

Address 1425 Eutaw Place

Date Feb 7 1907

Place of Burial London Park Cem

Date Feby 9th 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and ***the cause and date of death.***

Ward 11 — Registered No. B 97962

1514

CERTIFICATE OF DEATH.

(Place of Death.) No. 422 St Mary St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Mills

{Residence, if in Baltimore, Give Street and Number.} 422 St. Mary St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: Feb. 3rd 1907

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Mills

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Hattie Hammond

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Mills

(Address) 422 St. Mary St.

Filed 2/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 6th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 3rd 1907 to Feb. 6th 1907

that I last saw h er alive on " " 1907

and that death occurred, on the date stated above, at 2. P.M. CAUSE OF DEATH (Secondary or Immediate

Heart failure

(DURATION) DAYS

Contributory (Primary.) Congenital debility (DURATION) DAYS

(Signed) K. De Sales Kelly M.D.

Address 930 Mc Culloh St.

Date Feb. 7th 1907

Place of Burial Mt Auburn

Date Feby 10/ 1907

Undertaker Alex Stewart

Address 617 Dorcas

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 97963

Registered No. B

City of Baltimore, (No. 145 Carol-Mt. Vernon St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Cooper

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 7 (Day) 1822 (Year)

AGE: 75 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jas. Rowford

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie E. Smith

(Address) 337 Forrest St

Filed 2/7 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 6-4- 1907 to Feb 6 1907

that I last saw h[illegible] alive on 11 6 4- 1907,

and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH was as follows:

Oedema of Lungs

(DURATION) 2 DAYS

Contributory Nephritis

(DURATION) Don't know DAYS

(Signed) Wm. H. Feldmann M. D.

Feb 6 1907 (Address) 808 1st Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Cemetery near Ellicott City

DATE OF BURIAL: Feb. 8 1907

UNDERTAKER: Horace Bergue

ADDRESS: 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

Registered No. B 97964

97964

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Campbell

{ Residence, if in Baltimore, Give Street and Number. } Govanstown

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Oct 1822

AGE: 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Peter Campbell

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Dorsey

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley

Filed 2/7/07 190

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 7th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h alive on January 190 7, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diarrhea

About one year (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS.

(Signed) T. A. Bruner M.D.

Address 1133 Valley N

Date Feby 7 1907

Place of Burial St. Mary's Cemetery Govanstown

Date Feby 8 1907

Undertaker Evans & Spence

Address 118 & 120 North Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

97965 97965

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Infirmary & Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robt. R. Parham

{ Residence, if in Baltimore, Give Street and Number. } 1213 Parrish alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Col

DATE OF BIRTH: August 31 1904

AGE: 2 years, months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Raul L Parham

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lucy Bell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Raul L Parham

(Address) 1213 Parrish St

Filed 2/7 1907, HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Extraction

(DURATION) 11 DAYS

Contributory (Primary.) Accidental

Burn (DURATION) DAYS

(Signed) Silas Baccomi M.D.

Address 700 Eutaw av. (Corner)

Date Feby. 7th 1907

Place of Burial Mt Zion

Date Feby 9th 1907

Undertaker George W Riddle

Address 325 S Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

97966

CERTIFICATE OF DEATH.

(Place of Death.) No. 324 Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Simpkins

{ Residence, if in Baltimore, Give Street and Number. } 324 Rose St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Dec 2 1901

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Simpkins

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Bell Simpkins

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Simpkins

(Address) 325 Rose

Filed 2/7 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

accidentally burned

by mother in sleep.

..... (DURATION) ..... DAYS

Contributory (Primary.) accident

..... (DURATION) ..... DAYS

(Signed) Silas Bachman M.D.

Address 700 Lafayette (6 cons.)

Date Feby 6th 1907

Place of Burial Mt Auburn

Date Feb 8 1907

Undertaker Gob & Hamper

Address 689 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 97967 Registered No. B 9496

CERTIFICATE OF DEATH.

(Place of Death.) No. 2737 Huntington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ruth Holt Rendallar

{Residence, if in Baltimore, Give Street and Number.} 2737 Huntington Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 21 1907

AGE ..... years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Eugene Dy Rendallar

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Catherine Hines

BIRTHPLACE OF MOTHER (State or country) Rock Creek Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Eugene Dy Rendallar

(Address 2737 Huntington Ave

Filed 2/7 1907

HARRY O. ANDREW Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 21 1907 to Feb 7 1907

that I last saw her alive on Feb 3 1907

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Morbus

(DURATION) 17 DAYS

Con'tributory (Primary.) Pneumonia

with 7th month (DURATION) DAYS

(Signed) R B Norment M.D.

Address 3543 Chestnut Ave

Date Feb 7th 1907

Place of Burial St Mary's Hampden

Date Feb 7 1907

Undertaker H. E. Ehlenworth & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 97968 Registered No. B 97968

CERTIFICATE OF DEATH.

(Place of Death.) No. 103 S Caroy St. St. (If Death occurred in Hospital or Institution, give its name instead of Street and Number.)

Full Name John Aloysius Murphy.

{Residence, if in Baltimore, Give Street and Number.} 103 S Caroy St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 6 1897

AGE 9 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Patrick A Murphy

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Nora M O'Meara

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Murphy

(Address) 103 S Caroy St

Filed 2/7 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 5th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 30th 1907 to Feb 5th 1907

that I last saw him alive on Feb 5th 1907

and that death occurred, on the date stated above, at 6 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Diarrhea Coma

(DURATION) 2 DAYS

Contributory (Primary.) Diabetes mellitus (DURATION) ? DAYS

(Signed) J Henry Williams M.D.

Address 1112 E Camp St.

Date Feb. 6th 1907

Place of Burial Cathedral Cem

Date Feb — 8 1907

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 97969

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura E. Fitch

{Residence, if in Baltimore, Give Street and Number.} 1827 E Madison St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH 1

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Geo G. Fitch

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Alma Lueder

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. G. Fitch

(Address) 827 E. Madison St

Filed 2/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 7 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... live on ... 190...

and that death occurred, on the date stated above, at 3

...M. CAUSE OF DEATH (Secondary or Immediate)

Burns of body (Acc.)

... (DURATION) ... DAYS

Contributory (Primary.)

... (DURATION) ... DAYS

(Signed) Fredk Carruthes M.D.

Address Coroners Office

Date Feb 7-07 1907

Place of Burial Oak Lawn Cem.

Date FEB 9 1907 190

Undertaker Chas. S. Ely

Address 1111 W. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97970

City of Baltimore, (No. 730 Columbia Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Myrtle Pfoor

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 6th 1897 (Month) (Day) (Year)

AGE 9 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER Christian Pfoor

BIRTHPLACE OF FATHER (State or country) Balt

MAIDEN NAME OF MOTHER Eva Knorr

BIRTHPLACE OF MOTHER (State or country) Balt

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Pfoor

(Address) 730 Columbia Ave

Filed 2/8 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1st 1907 to Feb 4 1907 that I last saw h er alive on Feb 4 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Acute peritonitis
Emphysema

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) W E Schofield M. D.

Feb 7 1907 (Address) 16 W Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Feb 8th 1907

UNDERTAKER Geo Lewis Undertaking Co | ADDRESS 647 W. Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

166 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97971

City of Baltimore, (No. 408 N. Paca St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. O. Busey

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	1849
AGE	58 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	James R. Busey
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Busey

(Address) 212 W. Monument St

Filed 2/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH (Month) (Day) (Year)	Feb 7 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Feb 7 1907

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Hemorrhage following a fall, while man in influence of liquor

(DURATION) ... DAYS

Contributory ...

(DURATION) ... DAYS

(Signed) J. D. Shutt M. D.

2/7 1907 (Address) 211 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Feb 8 1907
UNDERTAKER	ADDRESS
Geo J Smith & Co	W. Fayette st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward C 97972 Registered No. B

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. 129 N Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Meisel

{Residence, if in Baltimore, Give Street and Number.} 129 N Washington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR White

DATE OF BIRTH Nov. 19 1903

AGE 3 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Thomas Meisel

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Annie Koenig

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Meisel

(Address) 129 N. Washington

Filed 2/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190

that I last saw h... alive on ... 190

and that death occurred, on the date stated above, at 2½ a. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carnes M.D.

Address Corner N & Q

Date Feb 7 — 07 190

Place of Burial St. Alphonsus

Date Feb. 9 1907

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — 97973 — Registered No. B 97973

CERTIFICATE OF DEATH.

(Place of Death.) No. 46 E 26th st — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Juliet C. Norwood

{Residence, if in Baltimore, Give Street and Number.} No 46 E 26th st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: July 4th 1831

AGE: 75 years, 7 months, 2 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED,~~: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John E Hill

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Elizabeth Hult

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Norwood

(Address) 1214 Edward st

Filed 2/8 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Febry 7 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Feby 7 1907

that I last saw h[illegible] alive on Feby 7 1907

and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea

(DURATION) — DAYS

Contributory (Primary.) Pulm. Tuberculosis

2 years. (DURATION) DAYS

(Signed) J Arthur Wagstaff M.D.

Address 2031 Eutaw Place

Date Feby 7 1907

Place of Burial Greenmount Cemetary.

Date Feby 9th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 97974 — Registered No. B 95 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Lying-in Hospital - Univ of Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Florence Young

{Residence, if in Baltimore, Give Street and Number.} 622 W. Lombard St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 6. 1907

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Florence Young

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6. 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1907 to Feb 5 1907 that I last saw h-e alive on Feb 5 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Congestion of Left Lung - and Partial Atelectasis of Right Lung

..... (DURATION) ..... DAYS

Contributory (Primary.) Traumatic Cerebral Hemorrhage (DURATION) ..... DAYS

(Signed) R. O. Dees M.D.

Address 622 W. Lombard St.

Date Feb. 6 1907 ✓

Place of Burial UNIVERSITY OF MARYLAND.

Date FEB 7 - 1907 190...

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

7 (

Ward 4 97975 Registered No. B 159 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ of Maryland Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georges Hannah

{Residence, if in Baltimore, Give Street and Number.} New York.

Duration of Residence in Baltimore. Few days.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 37 years, months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Greece

FULL NAME OF FATHER [illegible]

BIRTHPLACE OF FATHER (State or country) [illegible]

MAIDEN NAME OF MOTHER [illegible]

BIRTHPLACE OF MOTHER (State or country) [illegible]

OCCUPATION OF DECEASED [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Feb 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 8.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis, result of Pistol ball shot into the abdomen by himself

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Eglestart M.D.

Address 211 W. Lanvale St

Date Balto Feb 4th 1907

Place of Burial

Date Feb 7, 1907

Undertaker [illegible]

Address

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

See following

12

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1

CLASSIFICATION OF DISEASES.

I, FRANK WERNET residing at No. 730 Courtlandt Avenue, Borough of the Bronx, City of New York, being duly sworn deposes and says;-

That I am the Brother of GEORGE WERNET , (deceased) who died on Febraury 4th, 1907 at the University of Maryland Hospital, Baltimore, Maryland and a certain certificate of death of George Wernet issued by Department of Public Safety, Sub-department of Health, City of Baltimore, Maryland, dated March 2nd, 1907 is incorrect and respectfully request said Sub-department of Health to issue a new and correct death certificate as follows, viz;-

Name of Deceased, George Wernet; Date of Death, February 4th, 1907; Age of Deceased 37 years and 9 months; Color, sex etc. White, male; Occupation, Hotel Waiter, Nativity of Parents, Father, Joseph Wernet; Mother Veronika Klaussman; Birth Place of Deceased, Steinnach, Baden, Germany; Duration of Residence in Baltimore, few days; Place of Death, University of Maryland Hospital; Residence of Deceased, Boston, Mass.: Cause of Death, Peritonites; Duration of Last Sickness three days; Place of Burial, John Hopkins Hospital, Baltimore, Maryland; Medical Attendant, J. D. Inglehart, M. D. Coroner; Undertaker, Commissioner of Health.

Witness.

Henry C. Schaefer Frank Wernet. L.S.

60. En
61. Men
62. Locom
63. Other
64. Apoplex
65. Softening
66. Paralysis

Ward 7 — 97976 Registered No. B 97976

1197 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1634 Tolton Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

44

Full Name James Boes

{Residence, if in Baltimore, Give Street and Number.} 1634 Tolton Court

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Col'd
DATE OF BIRTH	1
AGE	40 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6 = 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Ludlow Cooper M.D.

Address 320 E Fulton St.

Date 190

Place of Burial COLLEGE OF P. & S.

Date Feb 7, 1907

Undertaker Commissioner Health.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 97977 Registered No. B 97977

CERTIFICATE OF DEATH.

92 V

Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Catherine Jones

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Dec. 8. 1906

AGE: 0 years, 2 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: Catherine Jones

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8th 1906 to Feb. 3rd 1907

that I last saw her alive on Feb. 2 1907.

and that death occurred, on the date stated above, at 7.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

Broncho-pneumonia.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Feb 4th 1907

Place of Burial .....

Date Feb. 7 1907

Undertaker Commissioner Health

Address .....

FOR ANATOMICAL PURPOSES

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward 12 97978 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Annie Denby

{Residence, if in Baltimore, Give Street and Number.} 306 - 22½ Street

Duration of Residence in Baltimore. 8yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR Col.

DATE OF BIRTH 1

AGE 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 6. 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 2- 1907 to Feb. 6 1907 that I last saw her alive on Feb. 6 1907 and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate

Heart exhaustion - Easterly from - Chronic Endocarditis & Pericarditis - with Dilatation of Heart (DURATION) DA

Contributory (Primary.)

(DURATION) DA

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date February 7 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Feb. 7, 1907

Undertaker Commissioner Health,

Address

WM. J. C. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

7 2

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97979

City of Baltimore, (No. 2105 Ettings St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thos Montgomery

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: May (Month) – (Day) 1869 (Year)

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: ~~~

BIRTHPLACE OF FATHER (State or country): ~~~

MAIDEN NAME OF MOTHER: ~~~

BIRTHPLACE OF MOTHER (State or country): ~~~

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Sarah Montgomery

(Address) 2105 Ettings st

Filed 2/8 1907

HARRY O'. ANDR..., PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 7th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to July 6th 1907

that I last saw h[im] alive on July 6th 1907,

and that death occurred, on the date stated above, at 7.30 a.m. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

½ (DURATION) DAYS

Contributory Pneumonia Nephritis (DURATION) – DAYS

(Signed) W J Denny M. D.

7/7 1907 (Address) 1129 E Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Int Auburn Cem[etery] DATE OF BURIAL: Feb 10 1907

UNDERTAKER: Geo H Hooper ADDRESS: 609 Little Rock

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

Ward 6 — 97980 — Registered No. B 97980

CERTIFICATE OF DEATH.

19v

(Place of Death.) No. 101 N Monteford Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Henry Warren

{Residence, if in Baltimore, Give Street and Number.} 101 Monteford Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 4 1861

AGE: 45 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: Chas Warren

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Mary Jane Warren

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Warren

(Address) 101 N Monteford

Filed 2/8 1907 HARRY C. ANDREAS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 7 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Feb 5 1907

that I last saw him alive on Feb 4 1907

and that death occurred, on the date stated above, at 8 a m. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred K Carruthers M.D.

Address 2229 E Balto St

Date Feb 7 — 07 1907

Place of Burial Baltimore Cem

Date Fri Feb 8 1907

Undertaker Wm J Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

Dr Carruthers 2229 E Balto St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 97981 Registered No. B 97981

CERTIFICATE OF DEATH.

19V

(Place of Death.) No. 18 E. Cross St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Infant of Charles and Catherine ~~Darby~~ Jurkewitz

{Residence, if in Baltimore, Give Street and Number.} 18 E Cross St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 4 1907.

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Charles Jurkewitz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Jurkewitz

(Address) 18 E Cross St

Filed 2/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 7 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto Reinhardt M.D.

Address Coroner

Date February 7 1907

Place of Burial Greenmount Cem.

Date Feb. 8 1907

Undertaker John J. Fahey

Address 1253 Fulton Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 97982 Registered No. B 07982

CERTIFICATE OF DEATH.

(Place of Death.) No. 2224 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara C. Hunstead

{Residence, if in Baltimore, Give Street and Number.} 2224 Orleans St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 22nd 1849

AGE 57 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert Brown

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Christiana Course

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Carrie Hunstead

(Address) 2224 Orleans St

Filed 2/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 5th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Feb 5th 1907 that I last saw h[er] alive on Feb 5th 1907 and that death occurred, on the date stated above, at 5:20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Hypertrophic dilatation with Aortic regurgitant lesion

(DURATION) 56 DAYS

Contributory (Primary.) Sudden fatal syncope (DURATION) DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date February 7th 1907

Place of Burial Baltimore Cem

Date February 8th 1907

Undertaker A. Fullem Fuller

Address 2013 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1X 97983 Registered No. B

CERTIFICATE OF DEATH.

931

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Claude Elleaer

{Residence, if in Baltimore, Give Street and Number.} Sparrows Point Md

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1871

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. McCleary

(Address) J. H. Hospital

Filed 2/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 7 1907

I HEREBY CERTIFY, That I attended deceased from Feb 3 1907 to Feb 7 1907

that I last saw him alive on Feb 7 1907

and that death occurred, on the date stated above, at 1.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hospital

Date Feb 7 1907

Place of Burial Laurel Cemetery

Date FEB 8 1907 190

Undertaker W. J. Sh...

Address 847 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

97984

Registered No. B 97984

CERTIFICATE OF DEATH.

6 | 1 | 07

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mirko Vinkovic

{Residence, if in Baltimore, Give Street and Number.} Emmorsin

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 25 years, —— months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S—

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Schumacher & Co

(Address) 6 S. Gay St

Filed 2/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 7 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 6 1907 to Feb. 7 1907

that I last saw him alive on Feb. 7 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Meningitis—
Cerebro Spinal

(DURATION) DAYS

Contributory (Primary) [redacted]

(DURATION) DAYS

(Signed) Wm A. Storey M.D.

Address City Hospital

Date February 7 1907

Place of Burial Mt Olivet Evangelical Lutheran

Date Feb. 8th 1907

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97985 Registered No. B 97985

CERTIFICATE OF DEATH.

(Place of Death.) No. 579 N. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmer H. Winterling

{Residence, if in Baltimore, Give Street and Number.} 579 N. Milton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 30th 1902

AGE: 5 years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm. F. Winterling

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mary Reynolds

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. F. Winterling

(Address) 518 S. Wolf St

Filed 1 8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 7th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 6th 1907 to Feb. 7th 1907

that I last saw him alive on the 6th 1907

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

1. Diphtheria

2. ..... (DURATION) ..... DAYS

Contributory (Primary) Cardiac Paralysis

..... (DURATION) ..... DAYS

(Signed) C. S. Mee M.D.

Address 619 E. Fort Ave

Date Feb. 7, 1907

Place of Burial 1st German Cem

Date Feb 8th 1907

Undertaker H. Nicolaus & Son

Address 1520 Canton Ave

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 07983

CERTIFICATE OF DEATH.

(Place of Death.) No. 905 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alexander Darby

{Residence, if in Baltimore, Give Street and Number.} born

Duration of Residence in Baltimore. 55 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Culvert Co Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1972 Presstman St

Filed 2/8 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 16th 1907 to Feb 6th 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis, Tod

agk.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilbert M.D. Coroner

Address 211 N. Conkling

Date 2. 8. 1907

Place of Burial National Cemetery

Date Feb 8th 1907

Undertaker James H. Dennis

Address 1972 Presstman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97987

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

26

CERTIFICATE OF DEATH.

Registered No. B 97987

City of Baltimore, (No. 122, Whitridge St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Worthington

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Thirty fourth (Month) (Day) 34 Year

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Louis Fink

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Thomas Labby

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 122 N Whitridge ave

Filed 2/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 7 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from August 10 1906 to Feb 7 1907

that I last saw her alive on Feb 6 1907,

and that death occurred, on the date stated above, at 4.30 A. M. The CAUSE OF DEATH was as follows:

1st Tuberculous Laryngitis and General Debility

about 2 years (DURATION) DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) John Barnes M. D.

Feb 7 1907 (Address) 715 E 20 St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount | DATE OF BURIAL: Feb 9 1907

UNDERTAKER: E. A. Wakefield & Co | ADDRESS: Greenmount

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 — 97988 — Registered No. B [redacted] 108 ✓ 97988

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Wendler

{Residence, if in Baltimore, Give Street and Number.} 1611 St. Paterson Park Ave

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Henry Hilgert

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Wendler.

(Address) 1611 St Paterson Park Ave

Filed 2/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 6 1907

I HEREBY CERTIFY, That I attended deceased from Jan 23 1907 to Feb 6 1907

that I last saw h[illegible] alive on Feb 6 1907

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy (with effusion)

(DURATION) DAYS

Contributory (Primary.) Tuberculosis

Anemia (DURATION) DAYS

(Signed) [illegible] M.D.

Address Johns Hopkins Hospital

Date February 7 1907

Place of Burial Baltimore Md

Date Feb 9 1907

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 97989

City of Baltimore, (No. City Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Dont-know 1
(Month) (Day) Year)

AGE 40
..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Charles County MD

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Charles County

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Dont Know

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sheriff Co
(Address) Charles County

Filed 2/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 6 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Common Cause 190
that I last saw h— alive on — 190—,
and that death occurred, on the date stated above, at 6.45 P. M. The CAUSE OF DEATH was as follows:

Septicaemia —

(DURATION) DAYS

Contributory Gun shot wound

in sit. (DURATION) DAYS

(Signed) B.S. Hayden, Coroner M. D.
Feb. 8 1907 (Address) 1216 E. Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Feb 9 1907

UNDERTAKER Jacob Ahrens & Co | ADDRESS 1574 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92990

City of Baltimore, (No. 307 N Arlington ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Elbert Bosch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug (Month) 13 (Day) 1905 (Year)

AGE: 1 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Joseph F Bosch

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Rosa Murphy

BIRTHPLACE OF MOTHER (State or country): City.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas F Bosch

(Address) 307 N Arlington ave

Filed 2/8 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 6th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 20 1907 to Feb 5th 1907

that I last saw him alive on Feb 5th 1907,

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Scarlatina

(DURATION) Life Days

Contributory Convulsions

(DURATION) One Days

(Signed) L G Jeffers M. D.

190 (Address) 413 N. Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: 2/8 1907

UNDERTAKER: Wm J Schilling — ADDRESS: 91 Paca

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

97991

Ward 7

Registered No. B 97991

10 V

CERTIFICATE OF DEATH.

Place of Death.) No. 543 W Lanvay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Esther A Watkins

{Residence, if in Baltimore, Give Street and Number.} 543 W Lanvay St.

Duration of Residence in Baltimore. 62 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Brownsville Md.

FULL NAME OF FATHER Archibal Lewis

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary A Jobb

(Address) 543 W Conway

Filed 2/8 1907

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 7 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 2 1907 to Feb. 7 1907

that I last saw h alive on Feb. 6 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ladrypie

(DURATION) 5 DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) J. M. Livingston M.D.

Address 69 S Paca St

Date Feb. 8 1907

Place of Burial Mt Olivet

Date 2/9 1907

Undertaker Wm J Schilling

Address 1 S Poppleton

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 97992 Registered No. B 97992

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 2 ~~Fallsway~~ Pfaus Court — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Czar Lizzie Ballard

{Residence, if in Baltimore, Give Street and Number.} 2 ~~Fallsway~~ Pfaus Court

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR B

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Cambridge Md

FULL NAME OF FATHER George Ballard

BIRTHPLACE OF FATHER (State or country) Cambridge Md

MAIDEN NAME OF MOTHER Charlette Wilson

BIRTHPLACE OF MOTHER (State or country) Cambridge Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlette Ballard

(Address) 2 Pfaus Court

Filed 2/8/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 190 7

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 .....

that I last saw h... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred P. Cullen M.D.

Address Corner Md

Date Feb 7 — 07 190

Place of Burial Sauer's Cemetery

Date Feb 9 1907

Undertaker John W Henderson

Address 61 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 97993 — Registered No. B 97993

CERTIFICATE OF DEATH.

(Place of Death.) No. 1737 Carlisle Pl St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mattie Knollie

{Residence, if in Baltimore, Give Street and Number.} 420 Pine St

Duration of Residence in Baltimore. 12 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 44 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER John Layne

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Jamie Layne

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev Parker

(Address) 1737 N Carlisle Place

Filed 2/8 1907 — HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6 1907

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 190 to ~~Feb~~ 190

that I last saw h~~e~~ alive on ~~Feb~~ 190

and that death occurred, on the date stated above, at 4:45 a m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonic Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo H Cumens M.D.

Address Coroner

Date Feb 7 1907

Place of Burial Mt ~~Auburn~~ Cemetery

Date Feb 8 1907

Undertaker R McAllister

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B 97994

97994

CERTIFICATE OF DEATH. 27 V

(Place of Death.) No. 2024 Etting St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Muse

{ Residence, if in Baltimore, Give Street and Number. } 2024 Etting St.

Duration of Residence in Baltimore. Nearly 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 4 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Alexander Muse

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary A. Sayles

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex. Muse

(Address) 2024 Etting

Filed 2/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8 1907

I HEREBY CERTIFY, That I attended deceased from December 12 1906 to Feb. 8 1907

that I last saw h[er] alive on Feb 6 1907.

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DATE

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) 8 mos DATE

(Signed) Wm. Ewing M.D.

Address 1373 N. Carey St.

Date February 8 1907.

Place of Burial Laurel Cemetery

Date Feb 10 1907

Undertaker Chas Handley

Address 3781 Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 97995 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 638 George st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Smith

{Residence, if in Baltimore, Give Street and Number.} 638 George st.

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR col.

DATE OF BIRTH March 5. 1869

AGE 37 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Smith

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Catharine Lindsay.

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Smith

(Address) 638 George

Filed 2/8 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2-7-07 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 22 1906 to Feb 5 1907 that I last saw him alive on Feb. 5 1907 and that death occurred, on the date stated above, at 4.55 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pul. Tuberculosis.

3½ Months (DURATION) ..... DAYS

Con'ributory (Primary) Ey haustion (DURATION) ..... DAYS

(Signed) L E Conrad M.D.

Address 609 W. Franklin.

Date 2/7. 1907

Place of Burial Mt Auburn Cem.

Date Feb. 10 - 1907

Undertaker Alex Hemsley

Address 578 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 97996 Registered No. B 97996

13 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 W. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gillian J. Thomas

{Residence, if in Baltimore, Give Street and Number.} 130 W. Hoffman St.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Jan 7 1897

AGE 10 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Ed Thomas

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary V Vincent

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Thomas

(Address) 130 W Hoffman

Filed 2/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 7, 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1907 to Feb 7, 1907 that I last saw h[illegible] alive on Feb 7, 1907 and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia (DURATION) 11 DAYS

Contributory (Primary.)

Influenza (DURATION) 1 DAYS

(Signed) H. Lee Magruder, M.D.

Address 922 Mad. Ave.

Date Feby 8, 1907

Place of Burial Laurel

Date 2/9 1907

Undertaker Abel Stansbury

Address 5710 Biddle

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 97997 Registered No. B

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1306 W. Lanvale St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Hamilton Cook.

{ Residence, if in Baltimore, Give Street and Number. } 1306 W. Lanvale St.

Duration of Residence in Baltimore. 3 months 27 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 11 1906

AGE: ..... years, 3 months, 27 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jacob Charles Cook

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Cora Maud Price.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Charles Cook

(Address) 1306 W. Lanvale St.

Filed 2/8 1907

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 7 1907

I HEREBY CERTIFY, That I attended deceased from Feb 3 1907 to Feb 7 1907

that I last saw her alive on Feb 7 1907,

and that death occurred, on the date stated above, at 10.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Syncope - Heart failure - Central Nervous system involved.

(DURATION) 2 DAYS

Contributory (Primary.) Gastro-Enteritis

(DURATION) 5 DAYS

(Signed) Eveline Murray M.D.

Address 1321 W. Lafayette Ave.

Date Feb. 7 1907

Place of Burial Loudon Park

Date May 9 1907

Undertaker Jno. J. Dickey & Son

Address 16 Linden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 97998 Registered No. B 85 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Gen - Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kendall Webb.

{Residence, if in Baltimore, Give Street and Number.} 245 - S. Washington St

Duration of Residence in Baltimore.. 1 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mch. 30 1892

AGE: 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Chas. Webb.

BIRTHPLACE OF FATHER (State or country): Ind.

MAIDEN NAME OF MOTHER: Lucy Stahl

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Webb.

(Address) 245 S. Washington

Filed 2/8 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2, 1907 to Feb 6, 1907 that I last saw him alive on Feb 6 1907, and that death occurred, on the date stated above, at 8:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Epistaxis

(more or less for 3 weeks)

(DURATION) DAYS

Contributory (Primary.) Anaemia

(DURATION) DAYS

(Signed) E. E. Laughlin, M.D.

Address Md. Gen. Hospital

Date Feb 6, 1907

Place of Burial Chestertown Md

Date Feb 9th 1907

Undertaker Jno A. Inman

Address Bamb & Lamdin

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B 97999

CERTIFICATE OF DEATH.

(Place of Death.) No. 718 Cider Alley St. Roosevelt

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Rosafale Peters

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 1 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Charles H Peters.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Daisy Stalker.

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy Peters

(Address) 718 Cider Alley

Filed 2/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7th 1907

I HEREBY CERTIFY, That I attended deceased from As Corazon 190 to 190,

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Cold

(DURATION) 7 DAYS

(Signed) J. D. Gilbert crown M.D.

Address 211 N. Lanvale

Date Feb 8. 1907

Place of Burial Mt Auburn

Date Feby 9th 1907

Undertaker Felix B Frye

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

98000

Registered No. B 151 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Mason

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Blk.

DATE OF BIRTH Jan. 6 1907

AGE — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2015 Madison Ave.

Filed 2/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar ✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 8 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 22 1907 to Feb. 8 1907 that I last saw h[illegible] alive on Feb. 8 1907, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D. ✓

Address 2015 Madison Ave

Date Feb. 8 1907

Place of Burial Cathedral Cemetery

Date Feby 9th. 1907

Undertaker Felix Pope.

Address 122 E Fullerry st.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 — 98001

CERTIFICATE OF DEATH.

(Place of Death.) No. 604 Sarah Ann St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jacob Wilson

{Residence, if in Baltimore, Give Street and Number.} Same

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William Wilson

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ida Randolph

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Wilson.

(Address) 604 Sarah Ann st.

Filed 2/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1906 to Feb 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Lungs

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. W. Schwartz M.D.

Address 214 W. Lemmon

Date Feb 7th 1907

Place of Burial Mt Auburn Cemetery

Date Feby. 9th 1907

Undertaker Felix B Pyse

Address 1022 E. Fulberry st.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93002

City of Baltimore, (No. 19 N. Bruce St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): West Va

FULL NAME OF FATHER: Wm Scott

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Annie Wood

BIRTHPLACE OF MOTHER (State or country): West Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Scott

(Address) 19 N. Bruce St

Filed 1/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 27 1907 to Feb 6 1907

that I last saw him alive on Feb 6 1907

and that death occurred, on the date stated above, at 10.3 P. M. The CAUSE OF DEATH was as follows:

Bronchorhoea

Three weeks (DURATION) ..... DAYS

Contributory Hemorrhage

2 days (DURATION) ..... DAYS

(Signed) A. T. Cockey M. D.

1907 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Ft Lincoln

DATE OF BURIAL: Feb 9th 1907

UNDERTAKER: Wm J. G. Jackson

ADDRESS: 172 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

98003
1167

CERTIFICATE OF DEATH.

Registered No. B [redacted]

City of Baltimore, (No. 513 S. Washington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elisabeth Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 28 (Month) (Day) 1897 (Year)

AGE: 11 years, ... months, ... day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Andrew Smith

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Francis Werner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank Smith.

(Address) 513. S Washington

Filed 2/8 1907

HARRY O. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 5 1907 to Feb 6 1907, that I last saw her alive on Feb 6 1907, and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Concussion of Brain

(DURATION) ..... DAYS

Contributory .....

(DURATION) 3 DAYS

(Signed) Fred. W. Nelson, M. D.

Feb. 7 1907 (Address) 1721 Caulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Francisus — | DATE OF BURIAL: Feby 9 1907

UNDERTAKER: M F Sadowski | ADDRESS: 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9 V

CERTIFICATE OF DEATH.

98004

Registered No. B.....

City of Baltimore, (No. 1134 N Stockton St.; ..... Ward)
[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Johnie Collins

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Aug (Month) 31 (Day) 1814 (Year)	
AGE: 82 years, 4 months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Hunt Town Md	
FULL NAME OF FATHER: Seymour Collins	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: Catherine —	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Chase

(Address) 1134 Stockton

Filed 2/8 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 1 1907 to Feby 7 1907 that I last saw h in alive on Feby 1907, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Bronchus

(DURATION) 10 DAYS

Contributory Hunt Pneumonia

(DURATION) ..... DAYS

(Signed) C A Davis M. D.

Feby 8 1907 (Address) 923 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Harford Co Md — DATE OF BURIAL: Feb 9 1907

UNDERTAKER: Wm J Johnson — ADDRESS: 614 Bath

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93005

City of Baltimore, (No. 2 McJavish St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Lenora Tyre

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 28th 1905
(Month) (Day) (Year)

AGE Two years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Daniel Tyre

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Georgeanna Hall

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/8 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 7th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 4th 1907 to Feby 7th 1907 that I last saw her alive on Jany 17th 1907, and that death occurred, on the date stated above, at —

M. The CAUSE OF DEATH was as follows:

1 Broncho-Pneumonia

(DURATION) 34 DAYS

Contributory Asthenia

(DURATION) 21 DAYS

(Signed) John B. Kolb M. D.

Feby 8 1907 (Address) 714 Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Woodlawn | DATE OF BURIAL Feb 9 07

UNDERTAKER Wm J Johnson | ADDRESS 614 Fulton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

45 1

98006

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1317, N Central Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Wennlee

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jan (Month) 19 (Day) 185[illegible] (Year)

AGE: 51 years, — months, 20 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto. md

FULL NAME OF FATHER: Chas. T. Gibson

BIRTHPLACE OF FATHER (State or country): Georgetown, D.C.

MAIDEN NAME OF MOTHER: Mary A Bothrill

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas T. Gibson Jr.

(Address) 1832 N Bond St

Filed 2/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 7th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov - 1906 to Feb 7 1907

that I last saw h[illegible] alive on Feb 6 1907;

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Sarcoma of Kidney

One year (DURATION) DAYS

Contributory Asthenia (Cardiac

(DURATION) 7 DAYS

(Signed) H. G. Beck M. D.

Feb 7 1907 (Address) 214 E Pleasant St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Feb 9th 1907

UNDERTAKER: Henry W. Kears Jr.

ADDRESS: 7 W. Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of B...

Ward V

Registered No. B 26067

27 r

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632 Aliceanna St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Kasprowicz

{ Residence, if in Baltimore, Give Street and Number. } 1632 Aliceanna

Duration of Residence in Baltimore. 4 years 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 7 1876

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: William Kasprowicz.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Josefa Krogmeka

BIRTHPLACE OF MOTHER (State or country): Gimany.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jozefa Kasprowicz.

(Address) 1632 Aliceanna St.

Filed Febg 11th 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 7 1907

I HEREBY CERTIFY, That I attended deceased from Jan 6 1907 to Feb 7 1907

that I last saw h... alive on Feb 6 1907,

and that death occurred, on the date stated above, at 4

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) Two DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Wilentzius M.D.

Address 16 S Broadway

Date Feb 8 1907

Place of Burial Holy Rosary.

Date Saturday Feby 9.. 1907

Undertaker M F Dadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

98009

Registered No. B.....

City of Baltimore, (No. 1 Baltimore City Jail St., ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Gray

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 1 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Febry 1 1907 that I last saw her alive on Feby 1 1907, and that death occurred, on the date stated above, at 10.45 P.M. The CAUSE OF DEATH was as follows:

Pleuro-Pneumonia

..... (DURATION) 3 DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Benj. D. Hayden Coroner M. D.

Feb 2 1907 (Address) 1216 E. Lanvale St. City Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 19 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S

DATE OF BURIAL: FEB 8 1907

UNDERTAKER: Commissioner Health.

ADDRESS: Health Dept

WM. J. C. DULANY CO., BALTIMORE.

W

FOR ANATOMICAL PURPOS

Hold a few days

PRG

V

9 7

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward IV 93008 Registered No. B

CERTIFICATE OF DEATH.

95 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Rich

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Black
DATE OF BIRTH	1
AGE	20? Unknown years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Unknown
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday Supt. BAY VIEW ASYLUM.

(Address)

Filed 2/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 7. 1907

I HEREBY CERTIFY, That I attended deceased from Jany 31. 1907 to Feby 7. 1907 that I last saw her alive on Feby. 6. 1907 and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema & Lungs

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Owens Jr. M.D.

Address Bay View Asylum

Date February 7. 1907.

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 8 1907 1907

Undertaker William H. Wooden

Address 811 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOS

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

73

HEALTH DEPARTMENT, CITY OF BALTIMORE. 93010

151 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93010

City of Baltimore, (No. 244, S. Ann St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank D. Mroher

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Unknown, Foundling 1
(Month) (Day) Year)

AGE Abut 2 wks.
..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Asylum

(Address) .....

Filed 2/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 24th 1907 to Feb 8th 1907 that I last saw h[illegible] alive on Feb 6th 1907, and that death occurred, on the date stated above, at 12.20 A.M. The CAUSE OF DEATH was as follows:

Congenital debility.

(DURATION) 14 DAYS

Contributory Neglect.

(DURATION) ..... DAYS

(Signed) Jamie M Byrne M. D.

Feb 8th 1907 (Address) 3-10 Park ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL COLLEGE OF P. & S. | DATE OF BURIAL FEB 8 - 1907

UNDERTAKER Commissioner Health | ADDRESS Health Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 93011 Registered No. B

CERTIFICATE OF DEATH.

10 V

(Place of Death.) No. 1229 Ashland ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Emanuel Pless

{Residence, if in Baltimore, Give Street and Number.} 1229 Ashland ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: March 28 1840

AGE: 66 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Aont Pless

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Aont Pless

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Landman

(Address) 1229 Ashland av

Filed 2/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2d 1907 to Feb 7th 1907 that I last saw h[illegible] alive on Feb 7th 1907 and that death occurred, on the date stated above, at 10 20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

La Grippe

(DURATION) 5 DAYS

Con'ributery (Primary.) Val. Dis Heart (DURATION) 2 Years

(Signed) Edward Duncan M.D.

Address 208 Aisquith st

Date Feb 8th 1907

Place of Burial Hebrew Friendship Cem

Date Feb 10 1907

Undertaker Louis Sheeman

Address 6 S Carrollst

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 18 — 98012 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum (Lola) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leola Smith.

{Residence, if in Baltimore, Give Street and Number.} 1628 Presstman St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: Stephen Young

BIRTHPLACE OF FATHER (State or country): St Marys Co

MAIDEN NAME OF MOTHER: Mary Coombs

BIRTHPLACE OF MOTHER (State or country): St Marys Co

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 8 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2 1907 to Feb 8 1907

that I last saw him alive on Feb 8 1907,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) 6 DAYS

(Signed) P R Stonis M.D.

Address Bay View Asylum.

Date Feb. 8 1907

Place of Burial St Peters

Date Feb 10th 1907

Undertaker Harry C. Wright

Address 1364 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 98014 Registered No. B

CERTIFICATE OF DEATH.

116 V

(Place of Death.) No. 710 S Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name- Joseph Bangert

{ Residence, if in Baltimore, Give Street and Number. } 710 S Rose St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 21 1864

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Joseph Bangert

BIRTHPLACE OF FATHER (State or country): Balto. Md. OK

MAIDEN NAME OF MOTHER: Annie Hoff

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Bangert

(Address 710 S. Rose St

Filed 2/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8 1907

I HEREBY CERTIFY, That I attended deceased from Feb 3 1907 to Feb 7 1907

that I last saw him alive on Feb 7 1907,

and that death occurred on the date stated above at 2 A. M. CAUSE OF DEATH (Secondary or Immediate

Thrombosis Cerebral

Peritonitis (DURATION) 5 DAYS

Contributory (Primary.) Due to fall from wagon (DURATION) DAYS

(Signed) A. L Long M.D.

Address 2429 Fait Ave

Date Feb 8 1907

Place of Burial St. Alphonsus

Date Feb. 11 1907

Undertaker J. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 98013

CERTIFICATE OF DEATH. 19

Place of Death.) No. 1235 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Renaux A. Reese

{ Residence, if in Baltimore, Give Street and Number. } 1235 N Washington St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 12 1865

AGE: 41 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry D. Reese

BIRTHPLACE OF FATHER (State or country): Balt.

MAIDEN NAME OF MOTHER: Louisa Meares

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Ida B. Reese

(Address 1235 N. Washington St

Filed 2/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Feb 8 1907 that I last saw h-- alive on Feb 7 1907, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

30 mins (DURATION) DAYS

Contributory (Primary) Cardiac dilatation following Acute pneumonia

5 (DURATION) DAYS

(Signed) W. L. Ford M.D.

Address 202 E. Monument St

Date Feb 8 1907

Place of Burial Loudon Park Cem.

Date Feb 10th 1907

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Ward X 93015 Registered No. B

151 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 515 Wyeth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Craven

{Residence, if in Baltimore, Give Street and Number.} 515 Wyeth St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: Jan 20 1907	
AGE: — years, — months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Joseph Craven
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Annie McGaw
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Cowan

(Address) 901 Hollins St

Filed 2/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Feb 7 1907 that I last saw her alive on Feb 7 1907, and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(Born from a Tuberculer Mother)

(DURATION) 19 DAYS

Contributory (Primary) Asthenia

(DURATION) 1 DAYS

(Signed) E. Imes M.D.

Address 515 Columbus Ave

Date Feb 8 1907

Place of Burial Holy Cross

Date Feb 9 1907

Undertaker John J Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate, setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 98016 — Registered No. B 176

CERTIFICATE OF DEATH.

(Place of Death.) No. 43 E. Schroeder St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Gannon

{Residence, if in Baltimore, Give Street and Number.} 43 E. Schroeder st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH 1

AGE One Year ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Edward Gannon

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Alice O Brien

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Gannon

(Address) 42 E Schroeder st

Filed 2/9 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8 1907

I HEREBY CERTIFY, That I attended deceased from On Feb 8 1907 to ——— 190

that I last saw h— alive on Feb 8 1907,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate) This pre transverse pneumonitation - did version pressure on cord coming by a fall Death - (DURATION) DAYS

Contributory (Primary.) Hydrocephalus (DURATION) DAYS

(Signed) John C Sammon M.D.

Address 1307 W Lombard st

Date Feb 9 1907

Place of Burial St Peters

Date Feb 9 1907

Undertaker John J Gorman

Address 901 Hollins st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 98017

98017

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma L. Hildebrand

{ Residence, if in Baltimore, Give Street and Number. } Waynesboro Virginia

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Abraham Hildebrand

BIRTHPLACE OF FATHER (State or country): Augusta Co Va

MAIDEN NAME OF MOTHER: Elizabeth Glenn

BIRTHPLACE OF MOTHER (State or country): Waynesboro Va

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob L. Hildebrand

(Address) Waynesboro Va

Filed 2/9 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 9" 1907

I HEREBY CERTIFY, That I attended deceased from Feb 5 1907 to Feb 9" 1907 that I last saw her alive on Feb 9. 1907 and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gall Stones

Haemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) ?

..... (DURATION) ..... DAYS

(Signed) W. McMullen M.D.

Address Johns Hopkins Hospital

Date Feb 9" 1907

Place of Burial Basic City Va

Date FEB 9 1907 1907

Undertaker W. L. Coy

Address 201 E. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 98018 Registered No. B

93 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 207 Millington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George F. Martin

{ Residence, if in Baltimore, Give Street and Number. } 207 Millington ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 20. 1833

AGE: 75 years, months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: _____

BIRTHPLACE OF FATHER (State or country): Philadelphia

MAIDEN NAME OF MOTHER: Mary Sawyer.

BIRTHPLACE OF MOTHER (State or country): Philadelphia

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L Dunbaum

(Address) 207 Millington Ave

Filed 2/9 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 7 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2 1907 to Feb 7 1907

that I last saw h[illegible] alive on Feb 7 1907,

and that death occurred, on the date stated above, at .....m. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Oedema.

(DURATION) 5 DAYS

(Signed) Asa L Bevans M. D. M.D.

Address 5 E Frederick Ave

Date Feb 8 1907

Place of Burial Mt Olivet

Date Feb 9. 1907

Undertaker Wm Cook

Address 1102 E Fairmount

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 38019

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Cino

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Canvasser

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt. BAY VIEW ASYLUM

(Address)

Filed 2/9 1907

HARRY C. ANDREWS, M.D. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 6 1907

I HEREBY CERTIFY, That I attended deceased from Jan 26 1907 to Feb 6 1907

that I last saw h[illegible] alive on Feb 6 1907, 7.15

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Ochasis

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Pyemia

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospl.

Date Feb. 8 1907

Place of Burial Sacred Heart

Date 2/9 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98020 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Manyella Barnett

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF ~~DEATH~~ Feb. 6 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1907 to Feb. 6 1907

that I last saw her alive on Feb. 6 1907,

and that death occurred, on the date stated above, at 6.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral endocarditis

Insufficiency

Chronic Cardiac

Substitution (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) J R Norris M.D.

Address Bay View Hospl.

Date Feb. 6 1907

Place of Burial Sacred Heart

Date 2/9 1907

Undertaker Evans & Spence

Address 1187 1/2 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 D-98021 93v

CERTIFICATE OF DEATH.

(Place of Death.) No. 113 S. Schroeder St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lucy E. Sinnard

{ Residence, if in Baltimore, Give Street and Number. } 113 S. Schroeder St

Duration of Residence in Baltimore. 58 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 2 1847

AGE 62 years, 5 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Frederick Co Md

FULL NAME OF FATHER Orie H Bignell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Julia A Brengle

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anderson H. Sinnard

(Address) 113 S. Schroeder St

Filed 2/9 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 7th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 1st 1907 to Feby 7th 1907 that I last saw her alive on Feby 7th 1907, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleuro-Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) no Specific Cause

(DURATION) DAYS

(Signed) John A Ryf M.D.

Address 101 Mount Auburn Ave

Date Feby 8th 1907

Place of Burial Loudon Park

Date Feb 10 1907

Undertaker J. B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98022

City of Baltimore, (No. 2141 W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward T. Stout

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December 27 1871 (Month) (Day) (Year)

AGE: 35 years, 1 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Joseph W. Stout

BIRTHPLACE OF FATHER (State or country): New Jersey U.S.A.

MAIDEN NAME OF MOTHER: Mary T. Curry

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: R. R. Freight Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank D. Smith

(Address) 1126 Cathedral St

Filed 2/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 7th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 29 1907 to Feb 7 1907

that I last saw him alive on Feb 7 1907,

and that death occurred, on the date stated above, at 4-10 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis (although able to work till within 10 days of death)

Over a year (DURATION) DAYS

Contributory Pericarditis Influenza

(DURATION) 9 DAYS

(Signed) Frank D. Smith M. D.

Feb 9 1907 (Address) 1126 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb 11 1907

UNDERTAKER: Jos B Cook — ADDRESS: 1003 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5

150 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1936 Frederick Ave, 98023 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida. O. Metzler

{Residence, if in Baltimore, Give Street and Number.} 1936 Frederick ave

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 3 1907

AGE ..... years, ... months, 5 days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Louis Metzler

BIRTHPLACE OF FATHER (State or country) Washington D C

MAIDEN NAME OF MOTHER Annie Flower

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Metzler

(Address) 1936 Frederick Ave

Filed 2/9 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 8. 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 3 1907 to Feb 7. 1907

that I last saw h— alive on Feb 7, 1907

and that death occurred, on the date stated above, at 9 A.M.

11. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 5. DAYS

Contributory (Primary) Collapse

(DURATION) 1. DAYs

(Signed) J B Nelson M.D.

Address 1735 Hollins Ave

Date (Feb 8. 1907

Place of Burial Western

Date Feb 9 1907

Undertaker J & B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1357

(Place of Death.) No. 1351 N. Gilmor 98024 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Chappell

{ Residence, if in Baltimore, Give Street and Number. } 1351 N. Gilmor st

Duration of Residence in Baltimore. Twenty years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Male	white
DATE OF BIRTH	1
AGE	49 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Divorced
BIRTHPLACE (State or country)	New York
FULL NAME OF FATHER	James Chappell
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Charlotte Jones
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriett Briggs

(Address) 1531 N. Gilmor

Filed 2/7 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 7th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Injury by burning by gunpowder. Poison.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Acia Baldwin M.D.

Address 700 Lex. av. (Corner)

Date Feby. 9th 1907

Place of Burial Mount Olivet Cem

Date Feb 9 th. 1907

Undertaker John E Hough Co.

Address 1422 Pennsylvania ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B ~~98025~~

City of Baltimore, (No. 32, Harvey Lane St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Black
DATE OF BIRTH: ..... (Month) ..... (Day) 1858 (Year)	
AGE: 49 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Balt	
FULL NAME OF FATHER: Not Known	
BIRTHPLACE OF FATHER (State or country): " "	
MAIDEN NAME OF MOTHER: " "	
BIRTHPLACE OF MOTHER (State or country): " "	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Johnson

(Address) 32 Harvey Lane

Filed 2/9 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 3 1907 to Feb 8 1907 that I last saw him alive on Feb 7 1907, and that death occurred, on the date stated above, at 7 A.M. The CAUSE OF DEATH was as follows:

Croupous Pneumonia

(DURATION) 7 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Howard W Jones M. D.

Feb 9 1907 (Address) Lexington.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oakland cemetery	July 10 1907
UNDERTAKER Wm J Johnson	ADDRESS ~~Balto~~ ~~540~~

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1061

CERTIFICATE OF DEATH. 98026

Registered No. B.....

City of Baltimore, (No. 1575, Orem Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary Kilroy

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1841 (Year)

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Thos Murphy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Eliza Feeny

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wertzer

(Address) 545 Steuber Av.

Filed 2/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby. 4 1907 to Feby 7 1907 that I last saw her alive on Feby 7 1907 and that death occurred, on the date stated above, at 8 0 M. The CAUSE OF DEATH was as follows:

Diarrhoea

Gran Dysentery ..... (DURATION) 10 DAYS

Contributory Weak Heart ..... (DURATION) 3 DAYS

(Signed) E. A. Smith M. D.

Feby 8 1907 (Address) 1605 N Norfolk Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Texas Balto Co Md	Feb 10th 1907
UNDERTAKER	**ADDRESS**
M Fahey & Sons	606 Lafayette Av

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... 9802 Registered No. B .....

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1813 Munroe St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Leonard

{ Residence, if in Baltimore, Give Street and Number. } 1813 Munroe St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR white

DATE OF BIRTH Feb 6th 1864

AGE 43 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Mass —

FULL NAME OF FATHER Michael Leonard

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth Fahey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Leonard

(Address) 1813 N Munroe St

Filed 2/9 1907 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 7. 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1906 to Febry 7 1907 that I last saw him alive on Febry 5 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) — DAYS

Contributory (Primary.) Tuberculosis

(DURATION) = DAYS

(Signed) George C. Shannon M.D.

Address 1442 Presstman St

Date February 7. 1907

Place of Burial Crem Cathedral

Date Feb 11 th 1907

Undertaker M. Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY ...

164 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98028

City of Baltimore, (No. 721 N Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eva J Worley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: unknown (Month) (Day) 1813 (Year)
AGE: 94 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): England
FULL NAME OF FATHER: Thomas Hopkins
BIRTHPLACE OF FATHER (State or country): England
MAIDEN NAME OF MOTHER: Maggie Mitchell
BIRTHPLACE OF MOTHER (State or country): Ireland
OCCUPATION OF DECEASED: Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Worley
(Address) 721 N Monroe St

Filed 2/9 1907
HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 2 1907 to Feb 7 1907 that I last saw h— alive on Feb 6 1907, and that death occurred, on the date stated above, at 4 4 M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 5 DAYS

Contributory Senility

(DURATION) 3 DAYS

(Signed) Wm H Brantland M. D.

Feb 8 1907 (Address) 2200 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Feb 10 1907

UNDERTAKER: A Fahey & Son — ADDRESS: 606 Fayette Ave

✓

Ward 7 — 98029 — Registered No. B — 98029

CERTIFICATE OF DEATH.

(Place of Death.) No. 521 Reese alley — St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Ambie Jubilee —

{Residence, if in Baltimore, Give Street and Number.} 521 Reese alley —

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —

AGE: 14 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Georgest. Jubilee

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Estelle Jubilee

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Schoolgirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estelle Jubilee

(Address) 521 Reese al.

Filed 2/9 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 7 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 5 1906 to Feb. 7 1907

that I last saw h-er alive on Feb-6 1907 —

and that death occurred, on the date stated above, at 6 — M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis —

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. Edward Smith M.D.

Address 536 Hanover St.

Date Feb 7 1907

Place of Burial Mt. Auburn Cem

Date Feb 9 1907

Undertaker John H. Toadvine

Address 1426 Hill St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

28 V

(Place of Death.) No. 1122 N. Carlton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Phillip A. W. Franck

{ Residence, if in Baltimore, Give Street and Number. } 1122 N. Carlton Ave

Duration of Residence in Baltimore. Life time 98039

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 4 1905

AGE: 1 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Franck

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth Welles

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: S

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Franck

(Address) 1122 Carrollton Ave

Filed 2/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 8th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 31 1907 to 1907

that I last saw him alive on Feby 8 1907,

and that death occurred, on the date stated above, at 8.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tubercular Meningitis

complicated with

Laryngitis

(DURATION) 8 DAYS

Contributory (Primary.) Convulsions

(DURATION) 1 DAY

(Signed) C E Davis M.D.

Address 923 N Carrollton Ave

Date Feby 8th 1907

Place of Burial Baltimore Cem

Date Feb 11 1907

Undertaker Jos. Sweeders. Son

Address 217 S. Pace St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

1084 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98031

City of Baltimore, (No. 2013, Frederick Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Glathaar

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 18 (Month) 1834 (Day) (Year)

AGE: 72 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mollie Hoffman

(Address) 2013 Frederick ave

Filed 2/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 8, (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1907 to Feb. 8, 1907 that I last saw her alive on Feb. 8, 1907, and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Intestinal obstruction

(DURATION) 10 DAYS

Contributory Enterolithe

(DURATION) ..... DAYS

(Signed) E. A. Dickey M. D.

Feb. 9, 1907 (Address) 2136 Frederick Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Feb 9th 1907

UNDERTAKER: Geo. Bentz

ADDRESS: 554 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 98032 — Registered No. B 98032

157 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Stable Parrish alley Between Lexington & Saratoga

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Schmidt

{Residence, if in Baltimore, Give Street and Number.} 620. N. Gilmor

Duration of Residence in Baltimore. 40 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 6 1867

AGE: 56 years, 5 months, 1 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Charles Schmidt

(Address) 620 N. Gilmor St

Filed 2/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb-7th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1907 to Feb 1907

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Hung himself to rafter in loft of Stable in Parrish alley between 6 & 9 P.M. Feb 7th 1907 Strangulation (DURATION) DAYS

Contributory (Primary) Phthisis (DURATION) DAYS

(Signed) C. Francis Jones M.D. Coroner Bpo

Address

Date Feb-8th 1907

Place of Burial Loudon Park Cemetery

Date Feb 10th 1907

Undertaker Geo. Bentz

Address 594 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single of
deceased, and the **cause and date of death.**

Ward ..... 98033 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jesse S. James

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 1 yr Exact

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 4 1838

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country) Worcester Co Md

FULL NAME OF FATHER James James

BIRTHPLACE OF FATHER (State or country) Worcester Co Md

MAIDEN NAME OF MOTHER Sally H Whittley.

BIRTHPLACE OF MOTHER (State or country) Worcester Co

OCCUPATION OF DECEASED Insurance Agt.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday. Supt.

(Address)

Filed 2/9 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 6 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Feb 6 1907

that I last saw h alive on Feb 6 1907, 5.30 P.M. and that death occurred, on the date stated above, at .....

CAUSE OF DEATH (Secondary or Immediate)

Fractured neck of humerus, Hemiplegia, Chronic diffuse nephritis (DURATION) ..... DAYS

Contributory (Primary) Cerebral Hemorrhage (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Feb 6 1907

Place of Burial Dale Cemetery

Date Feby 9 1907

Undertaker Robt J. Timmons

Address Bay. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

CERTIFICATE OF DEATH. 98034 13V

(Place of Death.) No. Church Home and Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Annie A. Hall

{Residence, if in Baltimore, Give Street and Number.} 711 Warner St. Balto. Md.

Duration of Residence in Baltimore. 44 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: [illegible]

AGE: 44 years, ____ months, ____ days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Wm A Hall

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Elizabeth Emerson

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Office work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. H. Hutchins M. D.

(Address) Church Home & Infirmary

Filed 2/9 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 8 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11 1907 to Feb 8 1907 that I last saw h er alive on Feb 8 1907, and that death occurred, on the date stated above, at 3.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Cardiac trouble

(DURATION) DAYS

(Signed) E. H. Hutchins M.D.

Address Church Home & Infirmary

Date Feb 8 1907

Place of Burial Baltimore Penn

Date Feb 11 1907

Undertaker Wm. J. Dickenson Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 98035 — Registered No. D ... 19

CERTIFICATE OF DEATH.

1702

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry C. Gross

{Residence, if in Baltimore, Give Street and Number.} 2223 W. Preston St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 5, 1834
AGE	72 years, 10 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Michael Gross
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Dorothy Kost
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. Harry Gross.

(Address) 1623 McCulloh St.

Filed 2/11 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 8 1907

I HEREBY CERTIFY, That I attended deceased from Jan 29 1907 to Feb. 8 1907.

that I last saw h.. alive on Feb 8 1907.

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) 2. DAYS

Contributory (Primary.) Chronic Brights (DURATION) DAYS

(Signed) Geo. H. Offutt M.D.

Address St. Josephs Hosp.

Date Feb. 8 1907.

Place of Burial Catholic Cemetery

Date Feb. 11, 1907.

Undertaker H. W. Means and Son

Address 805 W. Lafayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9 2 6

CERTIFICATE OF DEATH.

98036

Registered No. B.....

City of Baltimore, (No. 814 Woodyear St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas L. Peters Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 4 (Month) — (Day) 1 Year)

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Thomas L Peters

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed 2/9 1907

HARRY C. ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 6th 1907 to Feby 7 1907 that I last saw him alive on Feby 7 1907, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Broncho pneumonia.

(DURATION) 3 DAYS

Contributory Convulsions

(DURATION) 1/2 DAYS

(Signed) Herbert F. Thieman M. D.

Feby 8 1907 (Address) 1304 W. Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: Feb 10 1907

UNDERTAKER: James H. Dennis

ADDRESS: 1332 Presstman

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... (Reverse of Certificate)

78V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2340 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gustav A Norlin

{ Residence, if in Baltimore, Give Street and Number. } 2340 E. Madison St

Duration of Residence in Baltimore. 20 Years. 9803.7

PERSONAL AND STATISTICAL PARTICULARS

SEX Man | COLOR White

DATE OF BIRTH Oct 16 1856

AGE 50 years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Amelia L. Woehn

(Address) 2430 E Madison

Filed 2/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 1907

I HEREBY CERTIFY, That I attended deceased from Feb 6 1907 to Feb 7 1907 that I last saw h[illegible] alive on Feb 7 1907, and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Asthenia

(DURATION) 24 Hours

Contributory (Primary) Chronic Endocard[illegible]

(DURATION) — DAYS

(Signed) AB Lemmon M.D

Address 742 N. Patterson Park Ave

Date Feb 8 1907

Place of Burial Lowden Park Cem

Date 2/10/07 1907

Undertaker J Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 98038 93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 9 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lewis Ehrman

{Residence, if in Baltimore, Give Street and Number.} 9 S. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 4 - 10 - 1831

AGE 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) ~~Baltimore~~ Germany

FULL NAME OF FATHER Matthew Ehrman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Rosina Weller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED ~~Retired~~ Ship-chandler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Schwartz

(Address) 716 E. Gald, St.

Filed 2/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 6 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 19 1907 to Feb. 6 1907

that I last saw him alive on " 6 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

2 wks — (DURATION) DAYS

Contributory (Primary) Cardiac failure

(DURATION) DAYS

(Signed) Frank C. Bressler M.D.

Address 1713 Bank St.

Date Feb. 7 1907

Place of Burial Baltimore Cemetery

Date 2 - 9th 1907

Undertaker Wm. M. Gauthup

Address 901 - W. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98039 98039

CERTIFICATE OF DEATH.

43r

(Place of Death.) No. 404 S. Chapel St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John P. Kleylein

{Residence, if in Baltimore, Give Street and Number.} 404 S. Chapel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 11 1906

AGE: — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Kleylein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Rodman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) 404 S Chapel St

Filed 2/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febr. 8th 1907

I HEREBY CERTIFY, That I attended deceased from Febr. 7th 1907 to Febr 8th 1907 that I last saw him alive on Febr 8th 1907 and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

one day (DURATION) DAYS

Contributory (Primary) Pneumonia

about two days (DURATION) DAYS

(Signed) Fredk. A. Consadine M.D.

Address 1721 E. Baltimore St.

Date February 9th 1907.

Place of Burial 1st German Cem

Date Feb 10th 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH. 98040

(Place of Death.) No. 1121 Parrish alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Mitchell

{ Residence, if in Baltimore, Give Street and Number. } 1121 Parrish alley

Duration of Residence in Baltimore. Sit years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): MD

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Johnson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lewis

(Address) 1121 Parrish st

Filed 2/9 1907 HARRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 7th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 ..... that I last saw h ..... alive on ..... 190 ..... and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.) Colds & exposure (DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lg. av. (County)

Date Feby 8th 1907

Place of Burial Mt Olivet

Date FEB 10 1907 190

Undertaker R L Parham

Address 1213 Parrish st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

9804

Registered No. B 9804

City of Baltimore, (No. 1302, Riggs Ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Howard Randall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: July (Month) (Day) 1889 (Year)

AGE: 17 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William Randall

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Harriet Hawkins

BIRTHPLACE OF MOTHER (State or country): [illegible] Md

OCCUPATION OF DECEASED: unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Randall

(Address) 1302 Riggs ave

Filed 2/9 1907

HARRY C. [illegible]
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 5 1907 to Feby 8 1907 that I last saw him alive on Feby 7 1907, and that death occurred, on the date stated above, at 2.30 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 3 DAYS

Contributory Exhaustion
Heart Failure

(DURATION) DAYS

(Signed) C E Davis M. D.

Feby 1907 (Address) 123 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Feb 10th 1907

UNDERTAKER: Alfred J. Freeland — ADDRESS: 506 North Schroeder St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 98042 Registered No. B 98042

CERTIFICATE OF DEATH.

(Place of Death.) No. 1833 N. Milton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Endres

{Residence, if in Baltimore, Give Street and Number.} as above

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 23rd 1858

AGE 48 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Jacob Rigler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Endres

(Address) 1833 N. Milton Ave

Filed 2/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Feb 7th 1907

that I last saw h[illegible] alive on Feb 6th 1907

and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [signature] M.D.

Address 1210 E. Eager St.

Date February 9th 1907

Place of Burial Holy Redeemer Cemetery

Date February 11th 1907

Undertaker Henry Hoyle & Son

Address 1201 E. Eager St.

PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9804 Registered No. B 98043

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert E. L. Grimley

{Residence, if in Baltimore, Give Street and Number.} U.S. Marine Hospital

Duration of Residence in Baltimore. 30 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): District of Columbia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U.S. Marine Hospital

Filed 2/9/07 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8, 1907

I HEREBY CERTIFY, That I attended deceased from January 10, 1907 to February 8, 1907 that I last saw him alive on February 8, 1907, and that death occurred, on the date stated above, at 6.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) L. L. Williams M.D.

Address U.S. Marine Hospital

Date February 8, 1907

Place of Burial Congressional Cemetery Washington D.C.

Date Feb. 9th 1907

Undertaker Henry Hooks Son

Address 1305 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5 HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98044

City of Baltimore, (No. 124, N. Exeter St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chaim Gordan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: ..... years, 15 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: /

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Abraham Gordan

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Bertie Lipsman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Hymen

(Address) 124 n Exeter st

Filed 2/9 190 7 HARRY J. AMES PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to Feb 8 1907

that I last saw him alive on 1 1 1907,

and that death occurred, on the date stated above, at 1 30 P. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

One Week (DURATION) ..... DAYS

Contributory Pneumonia-Lobar

2 days (DURATION) ..... DAYS

(Signed) A. J. Friedman M. D.

2/8 1907 (Address) 918 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Philip Rd Rood — DATE OF BURIAL Feb 10 1907

UNDERTAKER Max Levinson — ADDRESS 1136 Low

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

98043

CERTIFICATE OF DEATH.

(Place of Death.) No. 1525 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eugene Rhodes

{Residence, if in Baltimore, Give Street and Number.} 1526 Jefferson.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mall | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 17 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George Rhodes

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Cooper

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father George Rhodes

(Address) 1525 Jefferson St

Filed 2/9 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 1907

I HEREBY CERTIFY, That I attended deceased from Feb 4 1907 to Feb 7 1907

that I last saw him alive on Feb 7 1907,

and that death occurred, on the date stated above, at 12 N.

CAUSE OF DEATH (Secondary or Immediate) Cerebro Spinal Meningitis

Seven days (DURATION) DAYS

Contributory (Primary.) Cerebro Spinal Meningitis

(DURATION) DAYS

(Signed) Edward Wheatley, M.D.

Address 1220 E. Mulberry

Date Feb. 8 1907

Place of Burial Laurel

Date February 10 1907

Undertaker R. J. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98046

CERTIFICATE OF DEATH. 98046

(Place of Death.) No. 1727 Hulls Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Matthews

{Residence, if in Baltimore, Give Street and Number.} Left time

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Jan 20th 1907

AGE ..... years, ... months, 17 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto - Md.

FULL NAME OF FATHER John Matthews -

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Liza Johnson

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Matthews

(Address) 1127 Hulls Lane

Filed 2/9 1907

HARRY O. ANDERSON, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20th 1907 to Jan 30th 1907 that I last saw h[er] alive on Jan 30th 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.
Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. C. Feldspaugh M.D.

Address Johns Hopkins Hospital

Date Feb. 9 07 190

Place of Burial Laurel

Date February 10 190 7

Undertaker R. T. Elliott

Address 565 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 98047 Registered No. 1 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1413 W. Lemon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Klarenze Statemen

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Dezember 13 1905

AGE: 1 years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Ernest Statemen

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Matilde Johns

BIRTHPLACE OF MOTHER (State or country): Balto A. A. Co

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest Statemen

(Address) 1413 W. Lemon St

Filed 2/9/ 1907 HARRY S. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febr 7 1907

I HEREBY CERTIFY, That I attended deceased from Febr 7 1907 to Febr 7 1907 that I last saw him alive on Febr 7 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

convulsion (DURATION) 1 DAYS

Contributory (Primary.) Dentition

(DURATION) 1 DAYS

(Signed) D. J. Szumal M.D.

Address 722 S. Ann St

Date Febr 8 1907

Place of Burial Sharpt St Cemetery

Date Feb — 10 1907

Undertaker Crowley Bros

Address 251 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

98048

CERTIFICATE OF DEATH.

Registered No. B ....

City of Baltimore, (No. 2418, Woodbrook Av St.; ..... Ward).
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophie Rengood

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 2d (Day) 1833 (Year)

AGE: 73 years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Eichwald

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/9/1907 H. L. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 23d 1907 to Feb 8 1907

that I last saw h[illegible] alive on Feb 8 1907,

and that death occurred, on the date stated above, at 10:30 A. M. The CAUSE OF DEATH was as follows:

Cardiac dilation
Edema of lungs

(DURATION) 2 DAYS

Contributory La Grippe

(DURATION) 14 DAYS

(Signed) Joseph E Gichner M. D.

Feb 9 1907 (Address) 15 16 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Orcd Spring Cem | DATE OF BURIAL: Feby 10 1907

UNDERTAKER: J Ghnes & Co | ADDRESS: 756 N Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 — 98043 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 E. Barney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilbert Robert Truesdale

{Residence, if in Baltimore, Give Street and Number.} 5 E. Barney st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 14" 1906

AGE: — years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Mark L Truesdale

BIRTHPLACE OF FATHER (State or country): Md.,

MAIDEN NAME OF MOTHER: Mary E. Funk

BIRTHPLACE OF MOTHER (State or country): Md.,

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M.E. Truesdale

(Address) 5 E. Barney

Filed 2/9/ 1907 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8 1907

I HEREBY CERTIFY, That I attended deceased from Jan 29 1907 to Feb 7" 1907 that I last saw him alive on Feb 7 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) 2 DAYS

Contributory (Primary.) Acute Broncho Pneumonia (DURATION) 10 DAYS

(Signed) R. E. Campbell M.D.

Address 1644 Hanover St.

Date Feb 8" 1907

Place of Burial Cedar Hill Cemetery

Date Feb. 10th 1907

Undertaker John J. Fahey

Address 1232-34 Williams St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 98050 Registered No. B 98050 17 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1132 York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth H Falk

{Residence, if in Baltimore, Give Street and Number.} 1132 York Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 28 183X

AGE 17 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Stafford Co.

FULL NAME OF FATHER Dorsey H Whitaker

BIRTHPLACE OF FATHER (State or country) Stafford Co.

MAIDEN NAME OF MOTHER Sarah Whitaker

BIRTHPLACE OF MOTHER (State or country) Stafford Co

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augustus N Falk

(Address) 1132 York Rd.

Filed Feb 11th 1907 HARRY C. ANDREWS PARTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 9 1907

I HEREBY CERTIFY, That I attended deceased from Jan 21 1907 to Feb. 9 1907 that I last saw h alive on Feb 8 1907, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

— (DURATION) — DAYS

Contributory (Primary.) —

— (DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date Feb. 9 1907

Place of Burial Wachs Cemetery

Date Feby 10 1907

Undertaker Robt J Turner

Address Penna. Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ...

CERTIFICATE OF DEATH.

40 ✓

(Place of Death.) No. 98051 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann McAtee

{ Residence, if in Baltimore, Give Street and Number. } Lonsdale R. I.

Duration of Residence in Baltimore. Ten days

Died at Balto City Hospital

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 1865

AGE: 40 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): R.I.

FULL NAME OF FATHER: Patrick McAtee

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Cummings

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James J. McAtee

(Address) Lonsdale R. I

Filed Feb 10 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 9th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1907 to Feb 9 1907 that I last saw h[illegible] alive on Feb 9 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

15 months (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) H. G. Beck M.D.

Address 214 E. Preston St

Date Feb. 9th 1907

Place of Burial Lonsdale R.I.

Date Feb. 10 1907

Undertaker Wm Cook

Address 502 E. Madison

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 209, Harrison St 98052 St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Israel M. Schneider

{Residence, if in Baltimore, Give Street and Number.} 209 Harrison St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: 1

AGE: ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Dan Schneider

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Katz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dan Schneider

(Address) 209 Harrison st

Filed Feb 10th 1907 CHAS. S. ANDREWS, PERMIT CLERK. Registrar

C.S.H.C.R

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 9 1907

I HEREBY CERTIFY, That I attended deceased from Feb 9 1907 to Feb 9 1907 that I last saw him alive on Feb 9 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) one DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. Fleischer M.D.

Address 1119 E. Baltimore St

Date Feb 9 1907

Place of Burial Philip Rd Ros Dale

Date Feb 10 1907

Undertaker Mat Levinson

Address 1137 Low st.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital 9853 St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Calvert Boone

{ Residence, if in Baltimore, Give Street and Number. } 942 Linden Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Col.

DATE OF BIRTH ..... 1 .....

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm. Brown

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Brown

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Brown

(Address) 242 Hanover

Filed 2/10 1907 HARRY G. ANDREWS, CHIEF CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 9 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 5 1907 to Feb. 9 1907

that I last saw him alive on Feb. 9 1907

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate

Head of Pancreas Anemia

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date February 9 1907

Place of Burial Mt Auburn

Date Feb 10 1907

Undertaker Wm. F. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — Registered No. B 98054

98054

CERTIFICATE OF DEATH.

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Griffo

{Residence, if in Baltimore, Give Street and Number.} 804 Aiken Street

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH ..... 19 .....

AGE 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER .....

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER .....

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonio Griffo

(Address) 804 Aiken st

Filed 2/10 1907. BARRY O'NEILL, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 9th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1906 to Feb 9 1907 that I last saw h alive on Feb 9 1907. and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Intestines

Unknown. (DURATION) DAYS

Contributory (Primary.) Anaemia

General Debility (DURATION) 3 Months

(Signed) Alfred Whitehead M.D.

Address 1215 Madison Avenue

Date February 9th 1907

Place of Burial Holy Redeemer

Date Feb 12 1907

Undertaker Wendell Stuppel & Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B 28055

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 412 S Chester St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Zoebelein

{Residence, if in Baltimore, Give Street and Number.} 412 S Chester St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Zoebelein

(Address) 412 S. Chester St.

Filed 2/10 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8 1907

I HEREBY CERTIFY, That I attended deceased from Feb 8 1907 to Feb 8 1907 that I last saw h[illegible] alive on Feb 8 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O. L Long M.D.

Address 2729 Font Ave

Date Feb 9 1907

Place of Burial Holy Redeemer

Date Feb. 11 1907

Undertaker Mudell Diffpel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 98056

CERTIFICATE OF DEATH.

(Place of Death.) No. 127 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Punta

{Residence, if in Baltimore, Give Street and Number.} 127 S. Bond St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 62 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER ——

BIRTHPLACE OF FATHER (State or country) Germanney

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) Germanney

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Punta

(Address) 127 S Bond St

Filed Feb 9 1907 HARRY O. ANDREW Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 5, 1907 to Feb 7, 1907 that I last saw h alive on Feb 4 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. J. Bailey M.D.

Address 11 S Broadway

Date Feb 8, 1907

Place of Burial Mount Carmal

Date Feb 10th 1907

Undertaker Kendall Diffut & Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

98057

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2102 N Charles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Meginnis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October (Month) 5 (Day) 1820 (Year)

AGE: 86 years, 4 months, 4 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Kent Co Md

FULL NAME OF FATHER: Thomas Numbers

BIRTHPLACE OF FATHER (State or country): Kent Co Md

MAIDEN NAME OF MOTHER: Margaret Chaffins

BIRTHPLACE OF MOTHER (State or country): Kent Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. J. Meginnis

(Address) 2102 N. Charles st

Filed 2/10/1907 BARRY C. ANDREWS, REGISTRAR, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 2 1907 to Feb. 9 1907 that I last saw h[er] alive on Feb. 9 1907, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Influenza

(DURATION) 7 DAYS

Contributory Senility

(DURATION) ..... DAYS

(Signed) James C. Clarke M. D.

Feb. 9 1907 (Address) 1201 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Masseys Kent Co Md	Feb. 11th 1907
UNDERTAKER	**ADDRESS**
George Schilling & Sons	1116 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 98058 Registered No. B

CERTIFICATE OF DEATH. 98058

(Place of Death.) No. 1108 N. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Weiker

{Residence, if in Baltimore, Give Street and Number.} 1108 N. Milton Ave

Duration of Residence in Baltimore. Lifetime

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 12 1836

AGE 70 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) Annapolis Md

MAIDEN NAME OF MOTHER Not known.

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Weikert

(Address) 1108 N. Milton Ave

Filed 2/10 1907. HARRY G. ... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28th 1907 to Feb 7th 1907

that I last saw h[illegible] alive on " " 1907

and that death occurred, on the date stated above, at 6:15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia Exhaustion

(DURATION) 9 DAYS

Con'ributory (Primary.) Influenza

(DURATION) 11 DAYS

(Signed) Albert G. Singewald M.D.

Address 1202 N. Patterson Park Ave.

Date Feb 9th 1907

Place of Burial Baltimore Cemetery

Date Feb 10th 1907

Undertaker Henry Lutz

Address 1007 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Ward 8 th 98059 Registered No. 98059

CERTIFICATE OF DEATH.

54 V

(Place of Death.) No. 514 S. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augustina Bozgierska

{Residence, if in Baltimore, Give Street and Number.} 514 Baltimore

Duration of Residence in Baltimore. 22 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 17 1830

AGE: 76 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Martin Wisniewski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maria Cimerman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julian Kobylski

(Address) 514 S. Castle st

Filed 2/10 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8th 1907

I HEREBY CERTIFY, That I attended deceased from January 14 1907 to January 31 1907 that I last saw h alive on January 31 1907, and that death occurred, on the date stated above, at 8.12 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthes (DURATION) 60 DAYS

Contributory (Primary.) Pernicious Anemia (DURATION) 30 DAYS

(Signed) S. J. Zuralski M.D.

Address 722 S. Ann st

Date February 9th 1907

Place of Burial St Stanislaus.

Date Monday Feby 11 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... 98060 Registered No. B .....

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 546 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca Anderson

{ Residence, if in Baltimore, Give Street and Number. } 546 Dolphin St

Duration of Residence in Baltimore: 57 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: ed

DATE OF BIRTH: Dont Know 1

AGE: about 57 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bishop

(Address) 1107 Orleans

Filed 2/10 1907

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 8th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 8 1907 to Feb. 8 1907

that I last saw h[illegible] alive on Feb. 8 1907, 6.30

and that death occurred, on the date stated above, at [illegible] A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 1 DAY

Contributory (Primary) Pulmonary Oedema

(DURATION) 7 DAYS

(Signed) W. T. Carr Jr. M.D.

Address 515 Mosher St

Date Feb. 10th 1907

Place of Burial Loudon Cemetery

Date Feb. 11th 1907

Undertaker John A. Bishop

Address 1107 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93 ✓

CERTIFICATE OF DEATH.

98061

Registered No. B .....

City of Baltimore, (No. 3232 Barclay St.; ..... Ward.)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Bennett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: March 12 1845 (Month) (Day) (Year)

AGE: 62 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): St Johns Antigua B.W.I.

FULL NAME OF FATHER: Walter Elizabeth Watkins

BIRTHPLACE OF FATHER (State or country): Antigua B.W.I.

MAIDEN NAME OF MOTHER: Elizabeth Watkins

BIRTHPLACE OF MOTHER (State or country): Antigua B.W.I.

OCCUPATION OF DECEASED: Invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary A Bennett

(Address) 3232 Barclay St.

Filed 2/10 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 8 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 18 1906 to February 1907

that I last saw her alive on Feby 7 1907,

and that death occurred, on the date stated above, at 5.5 A. M. The CAUSE OF DEATH was as follows:

Asthma and Pneumonia

(DURATION) 19 DAYS

Contributory Cold (DURATION) 19 DAYS

(Signed) D W E Campbell M. D.

Feb 9 1907 (Address) 1369 N Carey st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Feb 11 1907
UNDERTAKER	ADDRESS
J. G. Bishop	Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — Registered No. 98062

98062

104 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 Warren Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vena E. Ford

{Residence, if in Baltimore, Give Street and Number.} 123 Warren Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ~~Feb~~ Feb 5th 1907

AGE: ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: James M. Ford

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Bertie Mackin

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) James M Ford

(Address) 123 Warren ave

Filed 3/16 1907

PERKIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 9th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 5 1907 to Feb 9th 1907 that I last saw h~~e~~ alive on Feb 8th 1907, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage from Stomach

(DURATION) 2 DAYS

Contributory (Primary.) Epheustrian

(DURATION) ..... DAYS

(Signed) J. H. Snyder M.D.

Address 1425 Light st

Date Feb 9th 1907 ✓ 190

Place of Burial London Park

Date Feb 10/07 190

Undertaker John T Fahey

Address 1232 Hillman

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 98063 Registered No. 98063 6r

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 N. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Druella J. Lacy

{Residence, if in Baltimore, Give Street and Number.} 1400 N. Bethel st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 15th 1905

AGE 1 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Butts Cnty

FULL NAME OF FATHER Joel S. Lacy

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Nellie Grant

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joel S. Lacy

(Address) 1400 N. Bethel st

Filed 2/10 1907

HARRY C. ANDREWS, PERRITT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 9th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 6 - 1907 to Feb. 9 - 1907 that I last saw h er alive on Feb. 9 - 1907 and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 4 DAYS

Contributory (Primary) Measles

(DURATION) 9 DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date Feb. 9 - 1907

Place of Burial Mt Carmel Cemetery

Date FEB 10 1907 190

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 — Registered No. 98064

CERTIFICATE OF DEATH.

(Place of Death.) No. 20 N. Rare St. — If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E Baird

{Residence, if in Baltimore, Give Street and Number.} 20 N Rare

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH March 10th 1

AGE 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) U

MAIDEN NAME OF MOTHER U

BIRTHPLACE OF MOTHER (State or country) U

OCCUPATION OF DECEASED Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Baird

(Address) 20 N. Rare st

Filed 2/10 1907 — [illegible] CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 9 1907

I HEREBY CERTIFY, That I attended deceased fr... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 6.30

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Fred'k Cullen M.D.

Address Coroner

Date Feb. 9 — 07 190...

Place of Burial Mt Carmel Cemetery

Date FEB 12 1907 190...

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 17 Registered No. B 98065 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ. of Maryland Hosp. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Edward Garthright

{Residence, if in Baltimore, Give Street and Number.} 1310 Anne St.

Duration of Residence in Baltimore. Can't say

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1877

AGE: 29 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Harry Garthright

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Rohanna Baker

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Garthright

(Address) 1708 E Fort ave.

Filed 2/10 1907

HARRY U. KREH PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8 '07 1907

I HEREBY CERTIFY, That I attended deceased from As Brown 190 to 190 7

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Shock, following injuries accidentally received by falling while at work at Locust Pt.

(DURATION) DAYS

Contributory (Primary) Fract. Skull, fracture of Leg (DURATION) 1½ DAYS

(Signed) J. D. Holtzclaw Coroner M.D.

Address 211 N. Lanvale

Date Feb 9 '07 190

Place of Burial St. Paul's

Date Feb 11 th 190

Undertaker Jno. Stemmler

Address 1318 Light st.

WM. J. C. DULANY CO., Baltimore.

Filed

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98066

City of Baltimore, (No. 1014, Hopkins Ave., St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Wagner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 10 (Day) 1844 (Year)

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Frederick Wagner.

BIRTHPLACE OF FATHER (State or country): Gemany.

MAIDEN NAME OF MOTHER: Mary Kleinbach

BIRTHPLACE OF MOTHER (State or country): Gemany.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hahn

(Address) 1014 Hopkins Ave.

Filed 2/10 1907 HARRY C. ... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 7. 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 7. 1907 to Feby 7. 1907

that I last saw h[er] alive on " " 11 a.m. 1907,

and that death occurred, on the date stated above, at 6.45 P.M. The CAUSE OF DEATH was as follows:

Pleura hemorrhagica (DURATION) 30 4 DAYS

Contributory Cerebral Apoplexy (DURATION) 21 hours DAYS

(Signed) Geo. A. Hartman M.D.

Feby. 8. 1907 (Address) 1121 N. Carolina St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Carmel	Feb 10 1907
UNDERTAKER	ADDRESS
H. S. Funk	2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Ward 19 9806 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2005 Eagle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie Mildred Styer

{Residence, if in Baltimore, Give Street and Number.} 2005 Eagle St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 28th 1899

AGE: 8 years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Albert H Styer

BIRTHPLACE OF FATHER (State or country): Centreville Md

MAIDEN NAME OF MOTHER: Bertha E. Lent

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert H Styer

(Address) 2005 Eagle St

Filed 2/10 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 7th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 23rd 1907 to Feby 7 1907 that I last saw h[illegible] alive on Feby 7 1907, and that death occurred, on the date stated above, at 1.40 P. M. CAUSE OF DEATH (Secondary or immediate.)

Mitral Regurgitation with heart failure

(DURATION) DAYS

Contributory (Primary.) Rheumatism

(DURATION) DAYS

(Signed) [illegible] M.D

Address 2017 Wilkens Ave

Date Feby 8th 1907

Place of Burial Mt Olivet

Date February 10 190[illegible]

Undertaker Wm. E. Edmondson

Address 1428 S Charles St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9 V v

CERTIFICATE OF DEATH.

Registered No. B 98068

City of Baltimore, (No. 726, Iceland St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie. Smith.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: ✓ (Month) ✓ (Day) 1867 (Year)

AGE: 40 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William Thompson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie Thompson

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Smith

(Address) 726 Iceland St.

Filed 2/10 190 7 HARRY C. ARNOLD PARKIN Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 7 (Day) 1907 (Year).

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to Feb 7 1907

that I last saw her alive on Feb 7 1907,

and that death occurred, on the date stated above, at 1.15 P. M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis.

6 (DURATION) 6 DAYS

Contributory Chronic Bronchitis,

2 yrs. (DURATION) 6 DAYS

(Signed) B. F. French M. D.

Feb 7 1907 (Address) 603 E. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Feb 10 1907
UNDERTAKER	ADDRESS
Jno A Joseph	1422 Aisquith

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 98069 Registered No. B [illegible] 92V

CERTIFICATE OF DEATH.

(Place of Death.) No. 618 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Schneider

{Residence, if in Baltimore, Give Street and Number.} 618 S Broadway

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 8 1906

AGE — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Schneider

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Katie Brower

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Schneider

(Address) 618 S. Broadway

Filed 2/10 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 8 1907 that I last saw him alive on July 8 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchis-Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Convulsions & Exhaustion (DURATION) 1 DAYS

(Signed) Wolfe C Eisenberg M.D.

Address 2213 Orleans Ave

Date July 9 1907

Place of Burial Ger. Evang. Cemetery

Date Feb. 10th 1907

Undertaker J. C. Schuh & Son

Address 1735 Alice-anna Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 4 E. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gregory Diviney

{ Residence, if in Baltimore, Give Street and Number. } 4 E. York

Duration of Residence in Baltimore. 40 years 98070

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH — 1844

AGE 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Gregory Diviney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margt. Fahey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 4 E. York St

(Address) John L Diviney

Filed 2/10/07 H. R. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2 1907 to Feb 8 1907 that I last saw h[illegible] alive on Feb 7 1907, and that death occurred, on the date stated above, at 8.15 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Apnoea.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W B Burch M.D.

Address 828 N. Carrollton Ave

Date Feb 9 1907

Place of Burial Holy-Cross Cemetery.

Date Feb 11. 1907.

Undertaker M. Doyle & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — Registered No. B 98071

9VV

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isadore Blumberg

{Residence, if in Baltimore, Give Street and Number.} 1121 Granby St 98071

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1906

AGE: 3 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Davis Blumberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mollie Glitt

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Davis Blumberg

(Address) 1121 Granby St

Filed 2/10 1907 — S.C.H. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 10 1907

I HEREBY CERTIFY, That I attended deceased from Feb 9 1300 M 1907 to Feb 10 5 05 1907

that I last saw alive on Feb 10 1907

and that death occurred, on the date stated above, at 5-05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. S. Gershon M.D.

Address Johns Hopkins Hospital

Date Feb 10 1907

Place of Burial Philips Rd Roosdale

Date February 11 1907

Undertaker Max Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40 V

98072

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1630 Druid Hill Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara Brooks Edwards

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Sept (Month) 26 (Day) 1843 (Year)

AGE: 63 years, 4 months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George Tallman Chambers

BIRTHPLACE OF FATHER (State or country): Penna -

MAIDEN NAME OF MOTHER: Helen Maria Chamberlain

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward J Edwards

(Address) 1620 Druid Hill Ave

Filed 2/9 1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Feb. 8 1907

that I last saw h alive on Feb. 8 1907

and that death occurred, on the date stated above, at 11.45 P.M. The CAUSE OF DEATH was as follows:

Carcinoma of stomach and intestines

(DURATION) ..... DAYS

Contributory inability to retain any nourishment (DURATION) 4 DAYS

(Signed) John S. Bishop M.D.

Feb. 9 1907 (Address) 903 N. Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Bonnie Brae Cem — DATE OF BURIAL: Feby 11 1907

UNDERTAKER: John B Hough & Co — ADDRESS: 1422 Pennsa Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

98073

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1701, W Lafayette Ave Street, ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mason Elmer

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: January (Month) 21 (Day) 1907 (Year)

AGE: ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles W Elmer

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Mason

BIRTHPLACE OF MOTHER (State or country): Washington DC

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas W Elmer

(Address) 1701 W Lafayette Ave

Filed 2/10 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 5 1907 to Feb 9 1907

that I last saw him alive on Feb 9 1907,

and that death occurred, on the date stated above, at 2 M. The CAUSE OF DEATH was as follows:

Congenital Debility

(DURATION) 4 DAYS

Contributory Exhaustion

(DURATION) ✓ DAYS

(Signed) John Rubrich M. D.

Feb 10 1907 (Address) 83 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Feb 11 1907

UNDERTAKER: John E Hourigan ADDRESS: 1422 Penna.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 98074 Registered No. B

CERTIFICATE OF DEATH.

167 V

Place of Death.) No. 25 Front Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elizabeth Frank

{Residence, if in Baltimore, Give Street and Number.} 25 Front Hill ave

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH Oct-11th 1902

AGE 4 years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm H Frank

BIRTHPLACE OF FATHER (State or country) Balto md

MAIDEN NAME OF MOTHER Catherine Wolf

BIRTHPLACE OF MOTHER (State or country) Balto md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Frank

(Address) 25 Front Hill Ave

Filed Feb 11th 1907 W. G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb-9 1907

I HEREBY CERTIFY, That I attended deceased from Feb 9 to Feb 9

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

accidentally Set fire Clothes on fire while burning paper in Kitchen stove in Basement

25 Front Hill Ave (DURATION) DAYS

Contributory (Primary) Shock

(DURATION) DAYS

(Signed) G Frank Jones M.D.
Coroners

Address

Date Feb-10th 1907

Place of Burial Woodlawn Cem

Date Feb 11 1907

Undertaker Jas B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 98075 Registered No. B 1191

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lavina V. Linell 98075

{Residence, if in Baltimore. Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Mul.
DATE OF BIRTH: Sept. 9 1906	
AGE: — years, 5 months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexis McClennan

(Address) 2005 Madison Ave

Filed 2/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 10 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1906 to Feb. 10 1907 that I last saw h.. alive on Feb. 9 1907, and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexis McClennan M.D.

Address 2005 Madison Ave.

Date Feb. 11 1907

Place of Burial Cathedral Cemetery

Date Feb 11 1907

Undertaker ~~Feb 11 1907~~ F B Pye

Address 1028 Mulberry St

✓

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Agnes Hickman 98076

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mul.

DATE OF BIRTH: Nov. 24 1906

AGE: — years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 2/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febr. 10 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 10 1906 to Febr. 10 1907 that I last saw her alive on Feb. 9 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Feb. 10 1907

Place of Burial Cathedral Cemetery

Date Febr 11 1907

Undertaker Felix B Pyk

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 98077

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Jackson Wilkins

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: Jan. 4 1905

AGE: 1 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed 2/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 9 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 31 1906 to Feb. 9 1907 that I last saw h[illegible] alive on Feb. 8 1907, and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhagic Pericastitis

(DURATION) 14 DAYS

Contributory (Primary.) ?

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Feb. 9 1907

Place of Burial Baltimore County

Date Feb 11 1907

Undertaker Feb 13 Bk

Address 1028 Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98078

Registered No. B .....

City of Baltimore, (No. 806, N. Patterson Park ave St.; ..... Ward.
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Theresa Jeffers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August (Month) 27 (Day) 1876 (Year)

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Charles F. O'Connor

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Emma. W. Kane

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Jeffers

(Address) 806 N. Patterson Park ave

Filed 2/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from December 26th 1906 to Feby 8 1907 that I last saw h~~e~~r alive on Feb 8 1907, and that death occurred, on the date stated above, at .....

.....M. The CAUSE OF DEATH was as follows:

General Septicemia following multiple mammary abscess

(DURATION) 21 DAYS

Contributory Pneumonia following La Grippe (DURATION) 10 DAYS

(Signed) J. S. H. Toller M. D.

Feby 9 1907 (Address) 508 North Ave East

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	[redacted] 11 1907
UNDERTAKER	**ADDRESS**
Rowe, Hoen & Son	1301 E Eager st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B 98079

CERTIFICATE OF DEATH.

45 W

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Mutzger 98079

{Residence, if in Baltimore, Give Street and Number.} 924 Bolton St

Duration of Residence in Baltimore. 19 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 12th 1875

AGE 31 years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) ——

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna M. Mutzger

(Address) 924 Bolton St.

Filed 2/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 9th 1907

I HEREBY CERTIFY, That I attended deceased from December 10th 1906 to February 9 1907

that I last saw him alive on February 9 1907,

and that death occurred, on the date stated above, at 9:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Septic meningitis

(DURATION) DAYS

Contributory (Primary.) Sarcoma of Knee

(DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St. Joseph's Hospital

Date February 9th 1907

Place of Burial Mt. Franklin Cem

Date Feb. 12 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Rules and Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Ward 5 — 98080 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 229 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Wallace

{Residence, if in Baltimore, Give Street and Number.} 229 Chestnut St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~ | COLOR: Colored

DATE OF BIRTH: 1

AGE: 95 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: George Wallace

BIRTHPLACE OF FATHER (State or country): calvert co

MAIDEN NAME OF MOTHER: Susan [illegible]

BIRTHPLACE OF MOTHER (State or country): Calvert co

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Wallace

(Address) 824 Pierce st

Filed Feb 1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Dec 1906

that I last saw h— alive on — 190—

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate) Uremia

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. S. Hampton M.D. Coroner

Address 1216 E. Caroline st

Date Feb. 10 1907

Place of Burial Mt Zion Cem

Date Feb 13 1907

Undertaker Lee H Brown

Address 609 E Pratt st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 98052 Registered No. 98061

CERTIFICATE OF DEATH.

(Place of Death.) No. 649 Portland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Goegel.

{Residence, if in Baltimore, Give Street and Number.} 649 Portland

Duration of Residence in Baltimore. 30 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 14th 1840

AGE 66 years, 6 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louise Lesser.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Goegel.

(Address) 649 Portland St.

Filed 2/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 10th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Feb 10 1907 that I last saw her alive on Feb 9 1907 and that death occurred, on the date stated above, at 4.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach & Intestines

6 or 7 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) 834 N. Loudon St M.D.

Address C. N. McElfresh M.D.

Date Feb 11 1907

Place of Burial Baltimore Cemetery

Date Feb. 12th 1907

Undertaker Jas. & Jno. John W. Teufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 98082 Registered No. B 98082

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. 1629 Hoffman Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles F. Schmidt

{Residence, if in Baltimore, Give Street and Number.} 1629 Hoffman Ave

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 28. 1827

AGE 79 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1629 Hoffman Ave

Filed 2/11 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 9th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1905 to Feb. 9. 1907

that I last saw him alive on Feb. 8 1907

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Embolus of Brain

(DURATION) One DAY

Contributory (Primary.)

Valvular Heart Disease (DURATION) 2 years

(Signed) W. C. Sandrock M.D.

Address 1242 N. Broadway

Date Feb. 9. 1907

Place of Burial Greenmount Cemetery

Date Feby. 11" 1907

Undertaker Evans & Spencer

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98083

City of Baltimore, (No. 102 E Madison St ..... St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James H Phillips

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct (Month) 31 (Day) 1852 (Year)

AGE: 54 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John O Phillips

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno W Lord

(Address) 102 E Madison St.

Filed 2/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 9 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to Feb 9 1907

that I last saw h[e] alive on Feb 9 1907

and that death occurred, on the date stated above, at 11:30 A. M. The CAUSE OF DEATH was as follows:

Myocarditis

(DURATION) 6 Mos

Contributory Acute Dilation of heart (DURATION) DAYS

(Signed) Jno H Dorsey M. D.

Feb 10 1907 (Address) 2200 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Feby 12 1907

UNDERTAKER: Evans & Spence

ADDRESS: 11F & 120 W Mt Royal

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 — 98084 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2419 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Burk

{Residence, if in Baltimore, Give Street and Number.} 2419 Eastern Ave

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 3 1834

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Mr Burk

BIRTHPLACE OF FATHER (State or country): Don't Know

MAIDEN NAME OF MOTHER: ..

BIRTHPLACE OF MOTHER (State or country): ..

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. Burk

(Address) 2419 Eastern Ave

Filed 2/11 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 8th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 3 1907 to Feby 8th 1907 that I last saw him alive on Feby 8th 1907 and that death occurred, on the date stated above, at 6-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis (DURATION) ... DAYS

Contributory (Primary) Cerebral Uraemia (DURATION) ... DAYS

(Signed) C. W. Bikle M.D.

Address 2 Hudson St E

Date Feby 10 1907

Place of Burial Mt Carmel Cem

Date Feb 11th 1907

Undertaker H Nicolaus & Son

Address 1820 Eanton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and **the cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B 98085

City of Baltimore, (No. 2827 W. North ave St.; 15 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nellie Rowe Kirwan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 1 (Day) 1875 (Year)

AGE: 31 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm H Kirwan

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Annie B. Rowe

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: School-teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Kirwan

(Address) 2827 W. North ave

Filed 2/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 31 1907 to Feb 8 1907

that I last saw her alive on " " 1907,

and that death occurred, on the date stated above, at 1.45 a.m. The CAUSE OF DEATH was as follows:

Pneumonia

DURATION 9 DAYS

Contributory ——— DURATION ——— DAYS

(Signed) Chas. D. Parker M.D.

2-9 1907 (Address) 311 N. North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 12 1907

UNDERTAKER: Wm J. Tatem & Sons — ADDRESS: 425 N. Gamden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1732 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Kohn Jr 98096

{Residence, if in Baltimore, Give Street and Number.} 1732 Linden Ave.

Duration of Residence in Baltimore. 62 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Kohn

(Address) 1913 Eutaw Place

Filed 2/11 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 9 1907

I HEREBY CERTIFY, That I attended deceased from Feby. 1 1898 to Feby 9 1907

that I last saw him alive on Feby 9 1907

and that death occurred, on the date stated above, at 6-15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Primary - Pulmonary Oedema

January - Bright's Disease

Following & Contributory Mitral Stenosis, Chronic

Hypertrophy & Dilatation of the Heart

Pulmonary Oedema (DURATION) DAYS

and Heart Feby. 9 - 1907 1 Hour

Contributory (Primary.) (DURATION) DAYS

(Signed) Geo. L. Wilkins M.D.

Address 6 N. Broadway

Date Feby. 11 1907

Place of Burial Balto Hebrew Cem

Date Feby 11 1907

Undertaker Dan'l Sondheim

Address 922 Madison Ave

This copy of certificate was obtained from WM. FILBERT CO. BALTIMORE and contains all information as shown on original certificate except that the cause of death has been changed to read as follows: Chronic interstitial Nephritis and all of which is clearly diagnosed

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93 V

CERTIFICATE OF DEATH.

Registered No. B 98087

City of Baltimore, (No. 207 N. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Jane Clark

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	C
DATE OF BIRTH (Month) (Day) (Year)	— — 1807
AGE	51 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	W
BIRTHPLACE (State or country)	Hartford County
FULL NAME OF FATHER	Neg.
BIRTHPLACE OF FATHER (State or country)	Neg.
MAIDEN NAME OF MOTHER	Hart Reuser
BIRTHPLACE OF MOTHER (State or country)	Hartford Co Md.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Clark

(Address) 812 N. Dallas St

Filed 2/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 2/6 1907 to 2/6 1907

that I last saw her alive on 2/6 1907,

and that death occurred, on the date stated above, at 4 30 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia,
Rheumatism

— (DURATION) — DAYS

Contributory Cardiac Asthenia

— (DURATION) — DAYS

(Signed) P. C. Hatch M. D.

2/9 1907 (Address) 116 Aisquith St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL	Harford Co Md
DATE OF BURIAL	Feb 10th 1907
UNDERTAKER	Chas S Bailey
ADDRESS	143 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98038

City of Baltimore, (No. 2108, St. Fulton Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Codelia A. Barker

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	March 21 1844 (Month) (Day) (Year)
AGE	62 years, 11 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Josie Durall
BIRTHPLACE OF FATHER (State or country)	Maryland.
MAIDEN NAME OF MOTHER	Martha Beckett.
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Leonard Barker

(Address) 2108 Fulton Ave.

Filed 2/11 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 8 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 1906 to Feb. 8th 1907 that I last saw her alive on Feb. 8th 1907, and that death occurred, on the date stated above, at 12.5 P.M. The CAUSE OF DEATH was as follows:

Myocarditis

(DURATION) DAYS

Contributory Acute Bright's

(DURATION) 3 DAYS

(Signed) L. F. Frey M. D.

Feb 9th 1907 (Address) 2466 Bond Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 11th 1907
UNDERTAKER	ADDRESS
H. C. Hughes	175 Broadway

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

Ward 14

98039 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Dr. Charles O. Benson

{Residence, if in Baltimore, Give Street and Number.} 1404 Eutaw Place

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Primrose

(Address) Parkton v. Monument St

Filed 2/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 10th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 9th 1907 to Feb. 10th 1907 that I last saw him alive on Feb. 9th 1907 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Absorption from Empyaema

(DURATION)

Contributory (Primary) Pneumonia (DURATION)

(Signed) C. O. Riggs M.D.

Address 5 St Division

Date Feb. 10th 1907

Place of Burial Loudon Park

Date Feb 12th

Undertaker David McLean & Co.

Address 833 Linden ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE J. F. DULANY CO. Baltimore.

Ward 7 — 98090 — Registered No. B [illegible] 11 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 135 W. Henrietta Street. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isaac W. Hudson

{Residence, if in Baltimore, Give Street and Number.} 135 W. Henrietta St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Sewell.

(Address) 135 W. Henrietta St.

Filed 2/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8, 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Feb 8 1907

that I last saw him alive on Feb 8 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

2 Mo (DURATION) DAYS

Con'ributory (Primary) Pneumonia

2 Mo (DURATION) DAYS

(Signed) D. H. Friedrich M. D.

Address 712 S. Stanley

Date Feb 8 1907

Place of Burial Mt. Auburn Cem.

Date February 11. 1907

Undertaker John H. Vogdrin

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, **as far as the same can be ascertained, the full name, sex, age, condition** (whether married or single) of the person deceased, **and the cause and date of death.**

Ward 11 98091 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Winfred Trotter

{ Residence, if in Baltimore, Give Street and Number. } 646 Bradley St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Jan. 17, 1904

AGE: 3 years, — months, 24 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Trotter

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ida Grove

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Trotter

(Address) 646 Bradley St

Filed 2/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10 1907

I HEREBY CERTIFY, That I attended deceased from Consult Case 190 — 190 —

that I last saw h — alive on — 190 —

and that death occurred, on the date stated above, at 6 16 P. M. CAUSE OF DEATH (Secondary or Immediate)

Extensive Burns

(DURATION) — DAYS

Contributory (Primary.) Accident

(DURATION) — DAYS

(Signed) Benj. J. Humphreys M.D.

Address 216 St. Caroline St

Date Feb. 10 1907.

Place of Burial Mt. Auburn Cem.

Date Feb. 12, 1907

Undertaker Jno A. Swadow

Address 914 N. Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98092

City of Baltimore, (No. 1355, W North Avenue St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julius Hamburger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: ~~Black~~ White

DATE OF BIRTH: November 2nd 1868 (Month) (Day) Year)

AGE: 38 years, 2 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jacob Hamburger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Marschütz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clothing Manfr.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon Binenranger

(Address) 1908 Boston St

Filed 2/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 10th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 29th 1907 to Feb 10 1907

that I last saw h~~im~~ alive on Feb 9th 1907

and that death occurred, on the date stated above, at 1.15 A.M. The CAUSE OF DEATH was as follows:

Pneumonia (Secondary)
Duration 3 days
Acute rheumatic fever
(DURATION) 1½ DAYS
Contributory Acute febrile arthritis
(DURATION) 12 DAYS

(Signed) L. K. Hirshberg M. D.

Feb 10 1907 (Address) 1937 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Pikesville — DATE OF BURIAL: Feb 12 1907

UNDERTAKER: J. Innes & Co — ADDRESS: 501 N Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98093

City of Baltimore, (No. 2831 W. North ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Mrs. H. L. Corr.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Feb. (Month) 7 ds (Day) 1907 (Year)

AGE: 2 hours. ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Harry Lee Corr.

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Emma R. Basye.

BIRTHPLACE OF MOTHER (State or country): Ohio.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Dickson MD

(Address) 3053 W. North ave

Filed 2/11 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 7 1907 to Feb. 7 1907 that I last saw her alive on Feb 7 1907, and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Child 6½ months at birth, death due to Immaturity.

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. C. Dickson M. D.

Feb. 7 1907 (Address) 3053 W. North ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: COLLEGE OF P & S

DATE OF BURIAL: FEB 8 1907

UNDERTAKER: Commissioner Health,

ADDRESS: Health Dept

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 98094 Registered No. B

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. Lying-in Hosp. 427 N. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Adeline Smith

{ Residence, if in Baltimore, Give Street and Number. } 622 N. Lombard St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Jan. 11 1907

AGE ..... years, ... months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Adeline Smith

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/11 1907 JAMES C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11 1907 to Feb 8 1907 that I last saw h[illegible] alive on Feb 8 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) R. O. Dees M.D.

Address 622 N. Lombard St.

Date Feb 9 - 1907

Place of Burial UNIVERSITY OF MARYLAND FEB 9 - 1907

Date 190

Undertaker Commissioner Health, Health Department

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

73

Ward 11 — 98095 — Registered No. B 98095

CERTIFICATE OF DEATH.

(Place of Death.) No. 430 Moore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlie Lucas Gray

{Residence, if in Baltimore, Give Street and Number.} 430 Moore ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR Afric-Am.

DATE OF BIRTH 1903 - 1

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER William Gray

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Carrie Dixson

BIRTHPLACE OF MOTHER (State or country) Balto. City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Dixson

(Address) 430 Moore ave

Filed 2/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 - 10 - 1907

I HEREBY CERTIFY, That I attended deceased from 2 - 9 1907 to 2 - 10 1907 that I last saw him alive on 2 - 9 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

2 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Madison Ave

Date February 10 1907

Place of Burial Laurel Cemetery

Date Feb. 11th 1907

Undertaker John G. Bishop

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 9803 — Registered No. B 27 V

CERTIFICATE OF DEATH.

Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Samuel Smith

{ Residence, if in Baltimore, Give Street and Number. } 807 Donnelly Ave

Duration of Residence in Baltimore. 41 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR Col.

DATE OF BIRTH ? — 1 —

AGE 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Col.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Wm Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Amanda Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Vansell

(Address) Greenmount & Ashland Ave

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 9 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 31 1906 to Feb. 9 1907

that I last saw him alive on Feb. 9 1907

and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate

Hemorrhage - from lungs. (DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Wm A. Sorey M.D.

Address City Hospital

Date February 9 1907

Place of Burial Laurel

Date February 11 - 1907

Undertaker R. F. Elliott

Address 562 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 — 98097 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. #714 N. Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Halek

{Residence, if in Baltimore, Give Street and Number.} #714 N. Collington ave

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 27th 1871

AGE: 35 years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Halek

(Address) #714 N. Collington Ave.

Filed 2/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 9th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 6 1907 to Feb 9 1907

that I last saw him alive on " 190

and that death occurred, on the date stated above, at 5.20 a m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

1 yr (DURATION) DAYS

Contributory (Primary.)

Cerebral Asthenia (DURATION) DAYS

(Signed) William J Rysaw M.D.

Address 2001 Eastern Ave

Date Feb 11th 1907

Place of Burial Bohemian Nat. Cem.

Date 2/12/07 190

Undertaker J Herrig & Son

Address 2008 Orleans

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7A 98098 Registered No. B 11 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 E. Barney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. J. Joyce

{Residence, if in Baltimore, Give Street and Number.} 123 E. Barney St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 20" 1860

AGE 46 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) md

FULL NAME OF FATHER John Joyce

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER B. Cunningham

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L. Joyce

(Address) 123 E. Barney St

Filed 2/11 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar ✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8" 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to Feb 8" 1907 that I last saw h[illegible] alive on Feb 8 1907, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pleurisy

(DURATION) 4 DAYS

Contributory (Primary.) Mitral Regurgitation (DURATION) Undefined DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date Feb 5 1907

Place of Burial Cathedral Cem ✓

Date Feb 12 1907

Undertaker Daniel and Margaret B Hyde

Address Hd. E. Fred- Balt ✓

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — Registered No. B 98099

CERTIFICATE OF DEATH.

167

(Place of Death.) No. 1452 Garret Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Henrietta Boehm

{Residence, if in Baltimore, Give Street and Number.} 0 1452 Garret Av

Duration of Residence in Baltimore. always

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 30 1905

AGE 1 years, 6 months, 10 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ single

BIRTHPLACE (State or country) Here

FULL NAME OF FATHER Otto Boehm

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Marie Kroenung

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Kroenung

(Address) 1452 Garret Av

Filed 2/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 10 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 9 1907 to Feb. 10 1907 that I last saw h er alive on Feb. 9 1907, and that death occurred, on the date stated above, at 11 45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Effects of shock (DURATION) 1 DAYS

Contributory (Primary.) accidental scalding (DURATION) 1 DAYS

(Signed) H Mahn M.D.

Address 1510 E. Fat Av

Date Feb. 10 1907

Place of Burial Trinity Church Cemetery

Date Feb: 11th 1907

Undertaker C. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 98100 Registered No. B 98100

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W Kelly

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH	1
AGE	74 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hardy. Supt

(Address) BAY VIEW ASY.

Died 2/11 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 9 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Feb 9 1907

that I last saw h in alive on Feb 9 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Diffused Nephritis, General Anasarca.

(DURATION) DAYS

Contributory (Primary) Uremia

(DURATION) DAYS

(Signed) R K Norris M.D.

Address Bay View Asylum

Date Feb. 10 1907

Place of Burial St Matthews Cemetery

Date February 11 1907

Undertaker J. C. Schuh & Son

Address 1730 Ashland Av

WM. J. C. DULANY CO., BALTIMORE.

(SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

98101

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 84, Stockholm St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James R. Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Black

DATE OF BIRTH: Unknown (Month) (Day) 1899 (Year)

AGE: 7 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C. Brown

(Address) 84 Stockholm St

Filed 2/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 7 1907 to Feb 9 1907 that I last saw h in alive on Feb 9 1907, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

(DURATION) 6 DAYS

Contributory Senility

(DURATION) DAYS

(Signed) D. K. Gaunch M. D.

Feb 10 1907 (Address) 623 Gramont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 12 1907

UNDERTAKER: Alex Hinsley — ADDRESS: 578 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14th 98102 Registered No. B

CERTIFICATE OF DEATH. 98102

(Place of Death.) No. 852 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Ellen Thomas

{Residence, if in Baltimore, Give Street and Number.} 852 Vine St.

Duration of Residence in Baltimore. 69 yrs (life)

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: Nov. 12th 1838

AGE: 68 years, 2 months, 29 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: Catherine Chew

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Archie Thomas (Husband)

(Address) 852 Vine St

Filed 2/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8 1906 to Feb 10 1907 that I last saw her alive on Feb 7th 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Regurgitation and Chronic Parenchymatous Nephritis

(DURATION) ? DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J. B. Hughes M.D.

Address 705 George St

Date Feb 10 1907

Place of Burial Mt Auburn

Date Feb 12 1907

Undertaker Alex Hemsley

Address 5784 Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. 98103

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 900 St Paul St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abigal E. C. Wright

{Residence, if in Baltimore, Give Street and Number.} 900 St Paul St

Duration of Residence in Baltimore. 89 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 85 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Maine

FULL NAME OF FATHER John Cuningham

BIRTHPLACE OF FATHER (State or country) Maine

MAIDEN NAME OF MOTHER Hotel Crown

BIRTHPLACE OF MOTHER (State or country) ??

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret E True

(Address) 900 St Paul St

Filed 2/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 10 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 11 1907 to February 10 1907

that I last saw h[illegible] alive on February 10 1907

and that death occurred, on the date stated above, at 11-45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(Cardiac Weakness Edema)

(DURATION) 30 DAYS

Contributory (Primary.) Old age -

(DURATION) DAYS

(Signed) Alfred Worthington, M.D.

Address 924 Cathedral St

Date February 11 1907

Place of Burial Loudon Park Cem

Date Feby 12th 1907

Undertaker H. O. Jenkins Son Co

Address 2336 Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 V 98105 Registered No. 2

CERTIFICATE OF DEATH. 98105 120 ✓

(Place of Death.) No. 524 E. Washington St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Conroy

{Residence, if in Baltimore, Give Street and Number.} 524 E. Washington St.

Duration of Residence in Baltimore. about 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1854

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Stanton

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Conroy

(Address) 524 E. Washington St.

Filed 2/11 1907 ✓

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 10th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 2nd 1907 to Feb. 10th 1907

that I last saw h[illegible] alive on Feb. 9th 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia + Exhaustion

(DURATION) DAYS

Contributory (Primary.) Bright's Disease.

(DURATION) DAYS

(Signed) Herman J. Gerring M.D.

Address 1937 Eastern Ave.

Date Feb. 11th 1907 ✓

Place of Burial Holy Cross Cemetery

Date Feb. 12th 1907

Undertaker Germanus Thanner

Address 1 Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 98104 Registered No. B 98104

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Engelbert Lorenz

{Residence, if in Baltimore, Give Street and Number.} 914 N. Patterson Park Ave

Duration of Residence in Baltimore. about 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Aug: 16th 1826

AGE: 80 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Lorenz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaretha Lorenz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lorenz

(Address) 914 N. Patterson Park Ave

Filed 2/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb: 10th 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....,

and that death occurred, on the date stated above, at 3.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage Sudden

(DURATION) .... DAYS

Contributory (Primary.)

(DURATION) .... DAYS

(Signed) Fredk Carter M.D.

Address Coroner

Date Feb 10-07 1907

Place of Burial Holy Redeemer Cemetery

Date Feb 13th 1907

Undertaker Germanus Franca

Address 1 Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

142 V

CERTIFICATE OF DEATH.

Registered No. B 98106

City of Baltimore, (No. German Aged Home St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John G. Lindner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Apr (Month) 30 (Day) 1816 (Year)

AGE: 90 years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Gottfried Lindner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Christanna Kreissig

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ganga

(Address) German Aged Home

Filed 2/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1907 to February 10 1907 that I last saw him alive on February 9 1907, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Gangrena senilis —
Extreme weakness

(DURATION) DAYS

Contributory Old age

(DURATION) DAYS

(Signed) L. E. Reinhard M. D.

February 11 1907 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, institutions, Translents, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Trinity Cemetery

DATE OF BURIAL: Feb 12 1907

UNDERTAKER: Jos B. Cook

ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98107

City of Baltimore, (No. 236, N. Fremont Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William F. Vollers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 17th (Month) (Day) 1842 (Year)

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: William Vollers

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: E. Whitelaw

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Vollers Jr.

(Address) 218 Henry Alley

Filed 2/12 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from February 3 1907 to February 9th 1907

that I last saw him alive on February 9th 1907.

and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Cerebral Softening

(DURATION) 5 DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) Robt. J. Murray M. D.

February 9 1907 (Address) 510 N. Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balt Cemetery

DATE OF BURIAL: Feb 12 1907

UNDERTAKER: Geo Leinbach & Sons

ADDRESS: 6 N. Pine

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward IV 98108 Registered No. B [illegible]

CERTIFICATE OF DEATH.

93 ✓

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Demby

{Residence, if in Baltimore, Give Street and Number.} 204 S. Bethel St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: William Demby

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Jamie Evans

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Demby

(Address) 114 S Bethel st

Filed 2/12 1907 ✓

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 9 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 7 1907 to Feb 9 1907

that I last saw h[illegible] alive on Feb 8 1907.

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Labor

Pneumonia + Acute Nephritis (DURATION) 6 DAYS

(Signed) Geo. H. O'Hagan M.D.

Address St Joseph's Hosp.

Date Feb. 9 1907

Place of Burial Asbury Cemetary

Date Feb 12 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 9810 Registered No. B 9810

104 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 934 Ensor st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A Borman

{Residence, if in Baltimore, Give Street and Number.} 934 Ensor st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 6th 1848

AGE: 58 years, 9 months, 4 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Christian M Borman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Louise Clausing

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Koenig

(Address) 934 Ensor st.

Filed 2/12 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 10 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 87 1907 to Feb 10 1907

that I last saw h— alive on — 1907

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate

Acute Indigestion

(DURATION) DAYS

Contributory (Primary) Cardiac Old (asthenia

(DURATION) DAYS

(Signed) William J. Lyssett M.D.

Address 2107 Holland st

Date Feb. 11 — 1907

Place of Burial Baltimore Cemetery

Date Feby 12th 1907

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 98150 Registered No. B 98150

64 V

CERTIFICATE OF DEATH.

Place of Death.) No. 211 Lemmon St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Barbara Gronheimer

{ Residence, if in Baltimore, Give Street and Number. } 211 Lemmon

Duration of Residence in Baltimore. 38

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 2nd 1847

AGE 59 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Barbara Elizabeth Klink

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Shanheimer

(Address) E Fayette St

Filed 2/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10 1907

I HEREBY CERTIFY, That I attended deceased from Feb 9th 190 to Feb 10 190

that I last saw her alive on Feb 9 190 3:45

and that death occurred, on the date stated above, at 3:45

9 M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edelmuth M.D.

Address 517 Lath

Date Feb 12 190

Place of Burial Mount Carmel

Date Feb 12" 190

Undertaker U. S. Fink

Address # 2113 E. Fait St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 98111 Registered No. B 98111

CERTIFICATE OF DEATH. 27 V

(Place of Death.) No. 618 N Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Otto Noll

{Residence, if in Baltimore, Give Street and Number.} 618 N Castle

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR white

DATE OF BIRTH November 30 1859

AGE 47 years, — months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Valentine Noll

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Marie Moyer

BIRTHPLACE OF MOTHER (State or country) Europe

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Noll

(Address) 618 N Castle

Filed 2/12 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 20th 1906 to July 9th 1907

that I last saw h[illegible] alive on July 7 1907

and that death occurred, on the date stated above, at 11.05 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pelvic Tuberculosis

Lt Diarrhoea (DURATION)

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) C O Somers M.D.

Address 1501 Eutaw Pl

Date July 12th 1907

Place of Burial Dallstown

Date July 12 1907

Undertaker Robt Turnbull

Address Bway & Oliver

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 98[illegible] Registered No. B 98[illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 2021 N. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sara Sherman Walker

{Residence, if in Baltimore, Give Street and Number.} 2021 N. Calvert St

Duration of Residence in Baltimore. 2 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 19th 1905

AGE: 1 years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Thos N Walker

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Jessie P. Sherman

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Sherman

(Address) 2021 N. Calvert St.

Filed 2/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 11th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 10th 1907 to Feb. 11th 1907

that I last saw h[illegible] alive on " " 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

8 hours (DURATION) DAYS

Contributory (Primary) Constipation & Exhaustion (DURATION) 102 DAYS

(Signed) Jas Brooke Boyle M.D.

Address 1001 N. Calvert St.

Date Feb. 12th 1907

Place of Burial Greenmount.

Date Feb. 13th 1907

Undertaker G. F. Walker

Address 723 W Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 98113 Registered No. B 10 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 226 Frederick Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta E. Dayhoff

{Residence, if in Baltimore, Give Street and Number.} # 226 Frederick Road, Life.

Duration of Residence in Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White.

DATE OF BIRTH May 7, 1835.

AGE 31 years 9 months 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER John Gardner.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER — — —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Julia Dayhoff

(Address) 226 Frederick Ave Eutd

Filed 2/12 1907 [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 9, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 5 1907 to Feb 9 1907

that I last saw h-r alive on Feb 9, 1907.

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Bright's Disease

(DURATION) 1 DAYS

Contributory (Primary.) La Grippe

(DURATION) 5 DAYS

(Signed) M. O'Neill M.D.

Address 1315 Holbrook.

Date Feb 11, 1907

Place of Burial London Park Cem

Date February 12th 1907

Undertaker F. B. Rutherford

Address 71 Frederick Ave Eutd

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 9814 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry L. Martin

{ Residence, if in Baltimore, Give Street and Number. } 145 Weetamoe St Fall River Mass

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 10 1850

AGE: 59 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Master Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen H Martin

(Address) 145 Weetamoe Av Fall River Mass

Filed 2/12 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 11 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190..

and that death occurred on the date stated above, at 4 ..M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation of Heart
Sudden

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Carullo M.D.
Coroner

Address Johns Hopkins Hosp

Date February 11 1907

Place of Burial Fall River Mass

Date FEB 13 1907 190..

Undertaker Wm J Eby

Address 821 N BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 98115 Registered No. B 98115

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 Harford Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William T. Prime

{Residence, if in Baltimore, Give Street and Number.} 418 Harford Road.

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 5, 1830

AGE: 76 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Wash. D. C.

FULL NAME OF FATHER: Do not know

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Inspector and Gauger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Edw. Benasco

(Address) 418 Harford Road

Filed Feby 12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20th 1907 to Feb 6th 1907

that I last saw him alive on Feb 6th 1907 about 8 P.M.

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

(1) Nephritis (Probable)

(2) Cardio-dilatation

.....(DURATION).....DAYS

Contributory (Primary.)

.....(DURATION).....DAYS

(Signed) W. J. Riley M.D.

Address 1639 Broadway

Date Feb 12/07 190

Place of Burial Wash., D. C.

Date Feb. 13, 1907

Undertaker H. W. Means and Son

Address 705 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98116

City of Baltimore, (No. 2418, Madison ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Genevieve Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm Stump

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Alberta L. Shipley

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos F Jones

(Address) 2418 Madison ave

Filed 2/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 23 1907 to Feby 11 1907

that I last saw her alive on Feby 10 1907,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Influenza, Lobar Pneumonia & complications

(DURATION) 19 DAYS

Contributory General & Cardiac Asthenia (DURATION) 10 DAYS

(Signed) James E. Schilling M. D.

Feb 12 1907 (Address) 871 Hartman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: 2/13 1907

UNDERTAKER: Wm J Schilling — ADDRESS: 9 S Pofpleg

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ....

B-98117 4°V

CERTIFICATE OF DEATH.

(Place of Death.) No. 720 Carrollton Ave. (North St.) (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Phoebe Elizabeth Haviland

{Residence, if in Baltimore, Give Street and Number.} 720 N. Carrollton ave

Duration of Residence in Baltimore. 6 years 5 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 21st 1848

AGE 58 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Freedom, Carroll Co. Md

FULL NAME OF FATHER Richard Haviland

BIRTHPLACE OF FATHER (State or country) Patterson N.Y.

MAIDEN NAME OF MOTHER Phebe Jane Skidmore

BIRTHPLACE OF MOTHER (State or country) Union Vale, Dushane Co. N.Y

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis W. Davis

(Address) 720 N. Carrollton, ave

Filed 2/12 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to July 11 1907

that I last saw her alive on July 11 1907

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Liver

May attended (DURATION) 32 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward H London M.D.

Address 1403 W Fayette

Date July 12 1907

Place of Burial Libbys road, 14 mile from Wards Chapel, Balto. Co.

Date Wed. Feb. 13th 1907

Undertaker Geo J Smith Co.

Address 1005 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

98128

CERTIFICATE OF DEATH.

176 V

(Place of Death.) No. 723 S. Bond St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Jankiewicz

{Residence, if in Baltimore, Give Street and Number.} 723 S. Bond St.

Duration of Residence in Baltimore. 1 day.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 10 1907

AGE ___ years, ___ months, 1 day

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Michal Jankiewicz

BIRTHPLACE OF FATHER (State or country) Gallicia Austria.

MAIDEN NAME OF MOTHER Franciszka Prochnicki

BIRTHPLACE OF MOTHER (State or country) Gallicia, Austria

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michal Jankiewicz

(Address) 723 S. Bond St.

Filed 2/12 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 11 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1907 to Feb. 11 1907

that I last saw him alive on Feb. 11 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea Congestion lungs

(DURATION) DAYS

Contributory (Primary.) Difficult birth,

(DURATION) DAYS

(Signed) J. C. Josephson M.D.

Address 236 S. Bond St.

Date Feb. 11 1907

Place of Burial Holy Rosary

Date Feb 12 1907

Undertaker Jacob Frankowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17th

Registered No. B 92110

104 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1746 Jamison St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Moskwikowski

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: October 20 1904

AGE: 2 years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Michal Moskwikowski

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Leonora Tiske

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Sadowski

(Address) 703 S. Ann St

Filed 2/12 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 11 1907

I HEREBY CERTIFY, That I attended deceased from January 10 1907 to February 1907 that I last saw him alive on February 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intussusception (DURATION) 33 DAYS

Contributory (Primary.)

Indigestion (DURATION) 30 DAYS

(Signed) J. J. Szmanski M.D.

Address 722 S. Ann St

Date February 12 1907

Place of Burial St Stanislaus

Date Feby 13 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward V 98120 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 134 W. Henrietta St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Edward Seymour.

{Residence, if in Baltimore, Give Street and Number.} 134 W. Henrietta St.

Duration of Residence in Baltimore. 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Rosa Drumming

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Seymour

(Address) 134 W Henrietta st

Filed 2/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to Feb 11 1907

that I last saw him alive on Feb 9 1907

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Tuberculosis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Smith M.D.

Address 528 Monroe St

Date Feb 12 1907

Place of Burial Mt auburn ct

Date Feb 13th 1907

Undertaker J. L. Brown & Son

Address 108 N. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98121

City of Baltimore, (No. 33½ Jenkins Lane St.; 9 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas J. Osborne.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 2, 1888 (Month) (Day) (Year)

AGE: 19 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Geo. J. Osborne.

BIRTHPLACE OF FATHER (State or country): Pittsburgh.

MAIDEN NAME OF MOTHER: Mary A. Osborne.

BIRTHPLACE OF MOTHER (State or country): Sacramento, Cal.

OCCUPATION OF DECEASED: Plumber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. J. Osborne

(Address) 33½ Jenkins Lane

Filed 2/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 11 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 1906 to Feby 10 1907

that I last saw him alive on Feby 10 1907.

and that death occurred, on the date stated above, at 1.07 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis,

..... (DURATION) ..... DAYS

Contributory Tuberculosis

Peritonitis (DURATION) 2 DAYS

(Signed) Hugh Forsythe M. D.

Feby 11, 1907 (Address) 42 E. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Pr. Cathedral

DATE OF BURIAL: Feb 14 1907

UNDERTAKER: E. A. Weidefeld

ADDRESS: 211 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 98122 Registered No. B 98122

CERTIFICATE OF DEATH.

(Place of Death.) No. 1143 Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence McLane

{Residence, if in Baltimore, Give Street and Number.} 1143 Stockton St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	1888
AGE	19 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Robert Adams
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mollie Hall
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	House work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie Adams

(Address) 1143 Stockton St

Filed 2/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Feb 10 1907

that I last saw h[illegible] alive on Feb 10 1907

and that death occurred, on the date stated above, at 8:40 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 14 DAYS

Con'ributory (Primary.) Asphyxia

(DURATION) 1 DAYS

(Signed) T. E. Daughtry M.D.

Address 2506 Pennsylvania Ave

Date Feb 12 1907

Place of Burial Mt Auburn

Date Feb the 17 1907

Undertaker James H Dennis

Address 1932 Presstman

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 98125 — Registered No. B 98125

CERTIFICATE OF DEATH.

(Place of Death.) No. 2205 East Oliver St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name. Melvin E. Klotsch

{Residence, if in Baltimore, Give Street and Number.} 2205 East Oliver St

Duration of Residence in Baltimore. always.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Dec. 23rd 1906

AGE: ..... years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: J. F. Klotsch

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Johanna Kaune

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. F. Klotsch

(Address) 2205 E. Oliver St.

Filed 2/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 10 1907

I HEREBY CERTIFY, That I attended deceased from February 5 1907 to February 10 1907

that I last saw h[illegible] alive on February 10 1907,

and that death occurred, on the date stated above, at 3 M. CAUSE OF DEATH (Secondary or Immediate)

Gastroenteritis

(DURATION) 21 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address 1618 Madison Ave.

Date Feb. 11th 1907

Place of Burial Mt Carmel

Date Feb. 12th 1907

Undertaker HENRY SAUER & SONS

Address S. E. Cor. Broadway & Baltimore Sts. and 1700-1710 Gaston Avenue

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 98123 Registered No. B

CERTIFICATE OF DEATH.

Place of Death.) No. 712 Portland St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Fell.

{ Residence, if in Baltimore, Give Street and Number. } 712 Portland St.

Duration of Residence in Baltimore. From birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White.

DATE OF BIRTH June 22d, 1854

AGE 52 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Peter Fell

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Produce Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Fell (wife)

(Address) 712 Portland St.

Filed 2/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 10th, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 30 1906 to Feby 10. 1907

that I last saw h[illegible] alive on Feby 10 1907,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis (acute)

6 Weeks. (DURATION) DAYS

Contributory (Primary.) Pleurisy & La Grippe

6 Weeks (DURATION) DAYS

(Signed) [signature] M.D.

Address 721 Columbia Ave.

Date Feby 10 1907

Place of Burial Holy Redeemer Cem

Date Feb 13th 1907

Undertaker John A Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 98124 Registered No. B

CERTIFICATE OF DEATH.

1474

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mrs Margaret McLaughlin

{Residence, if in Baltimore, Give Street and Number.} 1012 E. Monument St

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 31st 1836

AGE 71 years, — months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James McLaughlin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Miss Mollie Grayson

(Address) 1012 E. Monument St.

Filed 2/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febuary 11th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1904 to Feb. 11th 1907

that I last saw her alive on Feb. 11th 1907

and that death occurred, on the date stated above, at 4th a.m. CAUSE OF DEATH (Secondary or Immediate

Old age - 9

Arthritis Deformans

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. E. Riggs M.D.

Address 1514 Division St

Date Feb. 11th 1907

Place of Burial London Park Cemetery

Date Feby 13th 1907

Undertaker Evans & Spencer

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98126

City of Baltimore, (No. 1830 Penna Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph W Renehan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Unknown (Month) (Day) 1854 (Year)

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William Renehan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie Kennedy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired Police

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Renehan

(Address) 1830 Penna Ave

Filed 2/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1906 to 2-11 1907

that I last saw h[illegible] alive on 2/9 1907.

and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Exhaustion. Hemorrhage from bowel

(DURATION) DAYS

Contributory General Tuberculosis

(DURATION) 2 yrs DAYS

(Signed) T. J. Barron M. D.

2/11 1907 (Address) 1631 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Cathedral — DATE OF BURIAL: Feb 1907

UNDERTAKER: M Fahey & Sons — ADDRESS: 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 98127

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ of Maryland Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lehar L. Dwyer

{ Residence, if in Baltimore, Give Street and Number. } 650 N. Franklin

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Dwyer

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Fredica Wild

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry st

Filed 2/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28th 1907 to Feb 11th 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gangrene following Fracture of Femur, from falling on the Street

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L D Gilbert M.D.

Address 211 N Gay

Date Feb 11th 1907

Place of Burial Holy Cross Cem

Date Feb 13 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98123

City of Baltimore, (No. 1930, Aisquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Carmack.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colord

DATE OF BIRTH: January 18 (Month) 1845 (Day) (Year)

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joel Carmack

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Frances Decordy

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Chalk

(Address) 113 S. Wolfe st

Filed 2/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby (Month) 9th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 8 1907 to Feby 9, 1907 that I last saw him alive on Feby 9, 1907, and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Hemiplegia

(DURATION) 2 DAYS

Contributory Paralysis respiration

(DURATION) ..... DAYS

(Signed) Hugh Forsythe M.D.

Feby 12, 1907 (Address) 424 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: Feby 13 1907

UNDERTAKER: Theodore White

ADDRESS: 1702 Gough St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 98129 Registered No. B 93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie B. Goldbeck

{Residence, if in Baltimore, Give Street and Number.} 115 N. Castle st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March ~~28~~ 31 1875

AGE 31 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Francis Jos. Brunner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Werner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Goldbeck

(Address) 115 N. Castle st.

Filed 2/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 11, 1907

I HEREBY CERTIFY, That I attended deceased from February 9, 1907 to February 11, 1907

that I last saw h~~e~~r alive on Feb. 11, 1907,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia (double)

(DURATION) 5 DAYS

Contributory (Primary.) Cardiac dilatation. (DURATION) 2 DAYS

(Signed) Emil Novak M.D.

Address 839 N. Patterson Pk Ave.

Date February 12 1907

Place of Burial Holy Redeemer

Date Feb. 14 1907

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98130

City of Baltimore, (No. 9 N. Bruce St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Saint Threston Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col

DATE OF BIRTH: Feb (Month) 22 (Day) 1905 (Year)

AGE: 1 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Philadelphia

FULL NAME OF FATHER: Wm. H. Lee

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Lavina Harrison

BIRTHPLACE OF MOTHER (State or country): Powers Point, Currituck County, N. C.

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) William H Lee

(Address) 9 Bruce st

Filed 2/12 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 8 1907 to Feb 8 1907

that I last saw her alive on Feb 8 1907

and that death occurred, on the date stated above, at 9.45 P. M. The CAUSE OF DEATH was as follows:

Convulsions (DURATION) 1 DAY

Contributory Infantile paralysis One year, 11 months & X. (DURATION) 12 DAYS

(Signed) A. T. Vanderhuz M. D.

Feb 9 1907 (Address) 1635 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn cemetery

DATE OF BURIAL: Feb 13 1907

UNDERTAKER: Geo H Hoppe

ADDRESS: 601 Lexington Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98131

City of Baltimore, (No. 214 S Chester St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas J. Maxwell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 5 (Month) (Day) 1866 (Year)

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Samuel Maxwell

BIRTHPLACE OF FATHER (State or country): Philadelphia

MAIDEN NAME OF MOTHER: Eliza Jane Seward

BIRTHPLACE OF MOTHER (State or country): Dorchester Co. Md.

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Matilda Brownback

(Address) 214 S. Chester St.

Filed 2/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 11 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Feb 11 1907

that I last saw h... alive on " 10 1907,

and that death occurred, on the date stated above, at 5 30 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

1 yr (DURATION) ... DAYS

Contributory Exhaustion

(DURATION) ... DAYS

(Signed) Jno A Bruner M. D.

Feb 12 1907 (Address) 1713 Bank St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death ... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Feb 13 1907

UNDERTAKER: Wm Cook — ADDRESS: 602 E North Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 98132 Registered No. B [illegible]

CERTIFICATE OF DEATH. 27 V

(Place of Death.) No. 759 W Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oscar B. Brown

{Residence, if in Baltimore, Give Street and Number.} 758 W Franklin St

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 21 1877

AGE: 29 years, 5 months, 22 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Hagerstown Md

FULL NAME OF FATHER: John Brewer

BIRTHPLACE OF FATHER (State or country): Hagerstown Md

MAIDEN NAME OF MOTHER: Laura F Woosner

BIRTHPLACE OF MOTHER (State or country): Hagerstown Md

OCCUPATION OF DECEASED: Actor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L. V. Brewer

(Address) 759 W Franklin St

Filed 2/12 1907 ✓

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 9th 1907 to Feb 12th 1907 that I last saw h[illegible] alive on Feb 12th 1907, and that death occurred, on the date stated above, at 12 [illegible] M. CAUSE OF DEATH (Secondary ~~or Immediate~~)

Pulmonary Tuberculosis
Asthmia.

(DURATION) ✓ DAYS

Contributory (Primary.) ✓

(DURATION) ✓ DAYS

(Signed) John J McCarthy M.D.

Address 656 W Franklin St

Date Feb 12th 1907 ✓

Place of Burial Hagerstown Md.

Date Feb.13 1907

Undertaker George W.Little

Address 531 N.Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98133

City of Baltimore, (No. 1847 N. Charles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Elliott

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1841 (Year)

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs James Voyer

(Address) 1619 Eutaw St

Filed 2/12 1907

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 10" (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 19" 1907 to July 10 1907 that I last saw h— alive on July 9" 1907, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Apoplexy / General Debility

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) H. Lee Dawkins M. D.

Feby 11 1907 (Address) 1228 N. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Feb. 13 1907
UNDERTAKER	ADDRESS
Daniel and Morgan D. Flynn	42 E. Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 — 98134 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Riverside Round house B. & O. R. R. Co. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Freund

{Residence, if in Baltimore, Give Street and Number.} 1535 S. Charles St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 18 1857

AGE 45 years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Henry Freund.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Augusta

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Freund (wife)

(Address) 1535 S. Charles St

Filed 2/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 11 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Hanging

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H. M. Steinhardt M.D.

Address Coroner

Date February 12 1907

Place of Burial Mount Olivet Cem

Date Feb 14 1907

Undertaker Daniel and M. C. Flynn

Address 42 E. Fayette Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 98135 Registered No. B 10 V

CERTIFICATE OF DEATH.

Place of Death.) No. City Hospital Feb 12 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Troup

{ Residence, if in Baltimore, Give Street and Number. } 322 Clinton St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) M

FULL NAME OF FATHER John. Troup

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. H. Mank

(Address) Hamilton Md

Filed 2/16/1907 [illegible] Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 11 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1907 to Feb. 11 1907 that I last saw h[illegible] alive on Feb 11 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion - 10 Hours
Pneumonia and
Empyema

(DURATION) 8 DAYS

Contributory (Primary) Pleurisy
Influenza (DURATION) DAYS

(Signed) W. H. Storey M.D.

Address City Hospital

Date February 11 1907

Place of Burial Harrisburg Pa.

Date Feb 15th

Undertaker Felix E Boyle

Address 102 E. Mulberry st Baltimore Md

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 Registered No. B 98136

CERTIFICATE OF DEATH.

64 ✓

(Place of Death.) No. 1714 Halbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha A Ward

{Residence, if in Baltimore, Give Street and Number.} 1714 Holbrook st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Feb 1 1863

AGE: 44 years, ... months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Shirley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Shirley

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. Humphrey

(Address) 1714 Holbrook St.

Filed Feby 3 1907

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 10 1907

I HEREBY CERTIFY, That I attended deceased from Feb 8 1907 to Feb 10 1907

that I last saw h[illegible] alive on Feb 9 1907

and that death occurred, on the date stated above, at 6.20 a m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.) Anaemia

(DURATION) ... DAYS

(Signed) Clarence Wilbur M.D.

Address 1605 E Lafayette

Date Feb 11 1907

Place of Burial Loudon Pk

Date Feby 13 190

Undertaker Chas J Jenkins

Address Emmitt & Oliver

WM. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

166 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98137

City of Baltimore, (No. City Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles J Boasle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) (Day) 1868 (Year)

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph Boasle

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary E Albert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Toll Gate Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edmund L Boasle

(Address) Chesapeake Ave 12th Ext.

Filed Feb 13 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 6.40 P. M. The CAUSE OF DEATH was as follows:

First Cerebral Apoplexy

(DURATION) 36 hrs DAYS

Contributory Arterio Sclerosis and Chronic Nephritis

(DURATION) ... DAYS

(Signed) Benj. S. Hopkins M. D.

Feb 12 1907 (Address) 1216 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL, OR REMOVAL: Bonnie Brae

DATE OF BURIAL: Feb 13 1907

UNDERTAKER: Martin Fahy & Son

ADDRESS: 606 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

1907 V 3 1867

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 98138 Registered No. B 98138

CERTIFICATE OF DEATH.

(Place of Death.) No. 542 N. Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary M. Winters

{Residence, if in Baltimore, Give Street and Number.} 542 N. Dolphin St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John H. Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Millie M. Thomas

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura L. Thomas

(Address) 542 Dolphin st.

Filed 2/13 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 11th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 6 1906 to Feb. 11 1907 that I last saw h[illegible] alive on Feb. 11 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Ac. Pul. Tuberculosis.

Uraemia

Contributory (Primary.) Asthenia (DURATION) — DAYS

(Signed) F. J. Carr, Jr. M.D.

Address 515 Mosher St.

Date Feb. 12th 1907

Place of Burial Laurel Cemetery.

Date February 14th 1907

Undertaker Felix Boyce.

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George Lortie 98139

{ Residence, if in Baltimore, Give Street and Number. } 517 N Bruce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR Col.

DATE OF BIRTH 1

AGE 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Lloyd Lortie

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Cecelia Curley

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lloyd Lortie Jr

(Address) 517 N Bruce St.

Filed 2/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 10 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2 1907 to Feb 10 1907

that I last saw him alive on Feb 10 1907,

and that death occurred, on the date stated above, at 6 P.M.

CAUSE OF DEATH (Secondary or Immediate) Exhaustion & Anemia

due to Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Tuberculosis

and (DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date February 10 1907

Place of Burial Mt Auburn Cemetery

Date February 13th 1907

Undertaker Felix P Pyle.

Address 1026 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 98140 Registered No. B

CERTIFICATE OF DEATH.

94 V

(Place of Death.) No. 2415 Madison Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl Parker

{Residence, if in Baltimore, Give Street and Number.} 2415 Madison Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: Feb 8 1904

AGE: 3 years, months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Emmett Parker,

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Julia Atkins

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Born.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emmett Parker

(Address)

Filed 2/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 Febry 1907

I HEREBY CERTIFY, That I attended deceased from Feb 7 1907 to Febry 11 1907

that I last saw him alive on Feb 11 1907

and that death occurred, on the date stated above, at 12 m. CAUSE OF DEATH (Secondary or Immediate)

General Miliary Tuberculosis especially Lungs & Kidneys

(DURATION) DAYS

Contributory (Primary.) Asthenia

Bronchitis (DURATION) 1 Week

(Signed) Hampton Bruckett M.D.

Address 2201 E Fulton St

Date Feb 11 1907

Place of Burial Lorraine Cemetery

Date February 13 1907

Undertaker Felix B. Pitz

Address 102 E Hoffman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 98141 Registered No. B ...

CERTIFICATE OF DEATH.

153 V

(Place of Death.) No. 314 Myrtle Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant of James Carding

{Residence, if in Baltimore, Give Street and Number.} 314 Myrtle Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Feb 10th 1907.

AGE 10 hours. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Jane Hearing

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. C. Potter

(Address) 704 W. Fayette.

Filed 2/13 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 11th 1907

I HEREBY CERTIFY, That I attended deceased from 2-11- 1907 to 2-11- 1907 that I last saw her alive on Feb 11- 1907, and that death occured, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exposure to Cold due to not calling medical attendat in time.

one hour (DURATION) DAYS

Contributory (Primary.) Exposure to Cold. (DURATION) DAYS

(Signed) Wm Ellicott Tyson M.D.

Address 622 W. Lombard St.

Date Feb 12th 1907

Place of Burial Mt Auburn Cemetery

Date February 13 1907

Undertaker Felix B. Ryle

Address 102 E Hillsborough St

WM. J. C. DULANY CO., BALTIMORE.

016 a 20

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98142

City of Baltimore, (No 217, N. Vincent St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maggie Thomas.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Charles Thomas

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Alice Simpson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Simpson

(Address) 217 N. Vincent St

Filed 2/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 12 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 21 1907 to Feb 12 1907 that I last saw h er alive on Feb 12 1907, and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 10 DAYS

Contributory Convulsions

(DURATION) 21 DAYS

(Signed) J. L. Hopper M. D.

Feb 13 1907 (Address) 220 N. Gilmor St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery | DATE OF BURIAL: Feb 14 1907

UNDERTAKER: F W Frye | ADDRESS: 1022 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 — 98143 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas. F. Soland

{Residence, if in Baltimore, Give Street and Number.} 801 N. Clinton st

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penna

FULL NAME OF FATHER Hugh Toland

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie Toland

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Sand Burner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel C. Toland

(Address) 801 N. Clinton st

Filed 2/13 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 11 1907

I HEREBY CERTIFY, That I attended deceased from Jan 22 1907 to Feb 11 1907 that I last saw h alive on Feb 10 1907 and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Spleno Myelog. Leukemia

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. L. Emmons M.D.

Address St Joseph Hospital

Date Feb. 11 1907

Place of Burial Holy Cross

Date Feb — 14 — 1907

Undertaker Crowley Bros.

Address 5 N Fulton ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98145

City of Baltimore, (No. 222, E Lafayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Oliver T. Day

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 9 (Day) 1 (Year)

AGE: 75 years, 8 months, 2 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): New Jersey

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F M Day

(Address) 1815 Mc Culloh St

Filed 2/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 11th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1907 to Feb 11 1907

that I last saw him alive on Feb 10 1907,

and that death occurred, on the date stated above, at 8:15 A. M. The CAUSE OF DEATH was as follows:

Brights Disease

Six months, (DURATION) DAYS

Contributory Paresis

7 yrs. (DURATION) DAYS

(Signed) Wilbur P Morgan, M. D.

Feb 12 1907 (Address) 315 N Monroe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE BURIAL: Feb 13 1907

UNDERTAKER: E M McTeheil — ADDRESS: 1201 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98144

City of Baltimore, (No. 1113 N. Mulberry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ezekiel Gray.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W. Lute

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: Ezekiel Gray Sr.

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Susan Happersett

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosina A. Gray

(Address) 1113 N. Mulberry St.

Filed 2/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 10th. 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 30 1907 to Feby 10th 1907 that I last saw him alive on Feby 10th 1907, and that death occurred, on the date stated above, at 2-30 P.M. The CAUSE OF DEATH was as follows:

Brights Disease of Kidneys, This Patient had been ailing for 18 Months Treated Himself up to Last 30" Under (DURATION) My DAYS

Contributory Care 12 days, (DURATION) DAYS

(Signed) John J. Kilroy M. D.

Feby 11th 1907 (Address) 662 W. Lexington St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	2/13 1907
UNDERTAKER	ADDRESS
Crowley Bros	251 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

1374

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98145

City of Baltimore, (No. 908 N Gay St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Jour E Lafferty

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W Lite

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Hilliman

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R H Lafferty

(Address) 908 N Gay St

Filed 2/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 10 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 4 1907 to Feb 10 1907

that I last saw h[illegible] alive on Feb 10 1907

and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Puerperal Septicaemia

(DURATION) 6 Days

Contributory Asthenia

(DURATION) ..... Days

(Signed) Clara Nichols M.D.

1907 (Address) 1439 E Saint

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet

DATE OF BURIAL: Feb 13 1907

UNDERTAKER: Jno S Hough Co

ADDRESS: 1427 E Baltimore St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 98147 — Registered No. B 98147

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Garrett.

{Residence, if in Baltimore, Give Street and Number.} 229 N Washington Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/13 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 9 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Feb 9 1907 that I last saw him alive on Feb 9 1907, and that death occurred, on the date stated above, at 8.05 A.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar + Lobular Pneumonia

(DURATION) DAYS

Contributory (Primary) Arterio-sclerosis, Chronic diffuse nephritis, Mitral [illegible] Stroke

(Signed) Howell Nicholson M.D.

Address Bay View Hospital

Date Feb 10 1907

Place of Burial Potters Field

Date Feb 14th 1907

Undertaker J Thos E Hughes

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 98143 Registered No. B 98145

CERTIFICATE OF DEATH.

(Place of Death.) No. 1227 Ashland Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma D. McDonnell

{Residence, if in Baltimore, Give Street and Number.} 1227 Ashland ave

Duration of Residence in Baltimore. Sixty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: about 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James Jones

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Susan Gaogan

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. McDonnell

(Address) 1227 Ashland Ave

Filed 2/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11 1907

I HEREBY CERTIFY, That I attended deceased from May 3d 1906 to Feb 11 1907 that I last saw h alive on Feb 10 1907 and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of Heart with General Anasarca.

(DURATION) 284 DAYS

Contributory (Primary) Softening of Brain

(DURATION) 60 DAYS

(Signed) Edward Williams M.D.

Address 208 Eutaw Pl

Date Feb 12 1907

Place of Burial Loudon Park Cemetery

Date Feb 13 1907

Undertaker Henry Hooke & Son

Address 130 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98149 Registered No. B 98149 9 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 938 Duncan alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Joseph Cutler

{Residence, if in Baltimore, Give Street and Number.} 938 Duncan alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH June 29 1904

AGE 2 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) U. S.

FULL NAME OF FATHER George L Cutler

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Theresa Boettger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 938 Duncan Alley

Filed 2/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 10th 1907 to Feb 12 1907 that I last saw h im alive on Feb 12 1907, and that death occurred, on the date stated above, at 7:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Respiratory & Cardiac failure

(DURATION) 2 DAYS

Contributory (Primary.) Broncho-Pneumonia (DURATION) 2 DAYS

(Signed) Leo Kaluzny M.D.

Address 639 N Patterson Pk

Date February 12 1907

Place of Burial Holy Redeemer Cem

Date Feb 14th 1907

Undertaker Henry Hoeck & Son

Address 131 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and **the cause and date of death.**

Ward 7

98150 Registered No. 3

CERTIFICATE OF DEATH.

(Place of Death.) No. 162 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Wesley

{Residence, if in Baltimore, Give Street and Number.} Wm. Wesley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored.

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Matthew Wesley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Nancy Cook

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nancy Wesley

(Address) 162 W. Hamburg St

Filed 2/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to Feb 11 1907

that I last saw h[illegible] alive on Feb 11 1907,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Dropsy

(DURATION) DAYS

(Signed) O. H. Swan M.D.

Address 1125 Druid Hill Ave

Date Feb 11th 1907

Place of Burial Laurel Cemetery

Date February 13 1907

Undertaker John H. Vogelsong

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 98151 Reg

CERTIFICATE OF DEATH.

(Place of Death.) No. 914 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Neal Hasson

{Residence, if in Baltimore, Give Street and Number.} 914 W Lombard St

Duration of Residence in Baltimore. 50 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 75 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Hasson

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann McNicol

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Gardiner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L Hasson

(Address) 914 W Lombard

Filed 2/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Feb 10th 1907

that I last saw h. liv alive on Feb 10th 1907

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

One Month (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) E. F. Mecholla M.D.

Address 115 W Franklin

Date Feb 11th 1907

Place of Burial Mem Cemetery

Date Feb 13th 1907

Undertaker John Hannan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 98152

CERTIFICATE OF DEATH.

93V

(Place of Death.) No. 515 Wyeth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Craven

{Residence, if in Baltimore; Give Street and Number.} 515 Wyeth St

Duration of Residence in Baltimore. 23 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 25 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Maried

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Michael McGraw

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Henderson

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph D Craven

(Address) 515 Wyeth St

Filed 2/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Feb 11 1907 that I last saw h[illegible] alive on Feb 11 1907, and that death occurred, on the date stated above, at 11 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

* Carcinoma

Pneumonia

following Childbirth

(DURATION) 22 DAYS

Con'tributory (Primary.) Asthenia

(DURATION) 2 DAYS

(Signed) J. E. Muse M.D.

Address 515 Columbia Ave

Date Feb 12 1907

Place of Burial Holy Cross

Date Feb 14th 1907

Undertaker John J Cowan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

I Not in any way connected with said birth — A.S.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 98153 Registered No. B [illegible]

CERTIFICATE OF DEATH. 19 ✓

(Place of Death.) No. 343 Forest St. W St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Goecker

{ Residence, if in Baltimore, Give Street and Number. } 343 Forest St. W

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: Sept 16 1862

AGE: 44 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Goecker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Goecker

(Address) 343 Forest St W

Filed 2/13 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 - 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to Feb 12 1907 that I last saw him alive on Feb 10 1907, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bronchitis

(DURATION) 14 DAYS

Contributory (Primary.) Mitral Regurgitation

(DURATION) DAYS

(Signed) Albert F. Coner M.D.

Address 1533 John St

Date Feb 12 1907

Place of Burial Baltimore Cimetery

Date Feb 14 1907

Undertaker Mrs. Geo. P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 1st

Registered No. B 98154

98154

CERTIFICATE OF DEATH.

9 V

(Place of Death.) No. 614 S Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella G. Johnson

{Residence, if in Baltimore, Give Street and Number.} 614 S Luzerne

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX. Female

COLOR White

DATE OF BIRTH May 14th 1900

AGE 6 years, 8 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER W. J. Johnson

BIRTHPLACE OF FATHER (State or country) Eastern Shore

MAIDEN NAME OF MOTHER Adelaid Rodgers

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs W. J. Johnson

(Address) 614 S. Luzerne St

Filed 2/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to Feb 12 1907 that I last saw her alive on Feb 12 1907, and that death occurred, on the date stated above, at 12-10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diptheria

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Fait ave

Date Feb 13 1907

Place of Burial Mount Carmel Cem

Date Feb 13th 1907

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 Registered No. B 98155

98155

CERTIFICATE OF DEATH.

(Place of Death.) No. 1903 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Theresa Roach

{ Residence, if in Baltimore, Give Street and Number. } 1903 W. Lombard St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 7 1906

AGE one years, two months, five days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER William N. Roach

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Bernadena F. Kloke

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J. Osterhaus

(Address) 31. Philadelphia Road

Filed Feb 13 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 12 1907

I HEREBY CERTIFY, That I attended deceased from Feby 4 1907 to Feby 12 1907 that I last saw h alive on Feby 11 1907, and that death occurred, on the date stated above, at 7 25 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Embolism

(sequent upon diphtheria which occurred approximately 2 mos ago

Since (and prior to) Feby 4/07 (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date Feby 11 1907

Place of Burial St Alphonsus Cem

Date Feby 14 1907

Undertaker Jos. Steinbeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 08176

City of Baltimore, (No. 1226 Hanbart St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hugh Heuzey.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 13 (Day) 1832 (Year)

AGE: 75 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Rochester, N. Y.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. C. Baker

(Address) 1216 Hull St

Filed 2/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to 10th Feb 1907

that I last saw him alive on 9th Feb 1907,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Senile Decay

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) James Cooper M. D.

Feb 1907 (Address) 1322 Hull St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Calvary Cem

DATE OF BURIAL: Feb 13 1907

UNDERTAKER: Sander Sons

ADDRESS: 510 Carlton Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 X

Registered No. B 9815

CERTIFICATE OF DEATH.

(Place of Death.) No. 1150 Cookie St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Larsen

{Residence, if in Baltimore, Give Street and Number.} 1150 Cookie St

Duration of Residence in Baltimore. 26 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 21 1850

AGE 56 years, 1 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Norway

FULL NAME OF FATHER Gunther Salgrist

BIRTHPLACE OF FATHER (State or country) Norway

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Larsen

(Address) 1150 Cookie St

Filed 2/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10 th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2d 1907 to Feb. 10 1907

that I last saw h[illegible] alive on Feb 9th 1907

and that death occurred, on the date stated above, at 11.30

M. CAUSE OF DEATH (Secondary or Immediate)

Acute endocarditis (DURATION) 2 DAYS

Contributory (Primary.)

La Grippe (DURATION) 8 DAYS

(Signed) [illegible] M.D.

Address 1510 Eutaw

Date Feb. 11th 1907

Place of Burial Ft Evergreen Cem

Date Feb 13 1907

Undertaker A Sandusky

Address 1710 Pandora Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 98158 Registered No. B 98158

CERTIFICATE OF DEATH.

(Place of Death.) No. 3446 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John W. Davidson

{Residence, if in Baltimore, Give Street and Number.} 3446 Cedar Ave

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 24 1868

AGE: 38 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Laurel Md

FULL NAME OF FATHER: John W. Davidson

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Ward

BIRTHPLACE OF MOTHER (State or country): Montgomery Co

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lora L Davidson

(Address) 3446 Cedar Ave

Filed 2/13 1907 HARRY O. ANDREWS PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 12 1907

I HEREBY CERTIFY, That I attended deceased from Feby 5 1907 to Feby 12 1907 that I last saw him alive on Feby 12 1907 and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 3 Months

Contributory (Primary)

Peritonitis (DURATION) 4 DAYS

(Signed) M. A Fair M.D.

Address 12 E 25th St

Date Feby 13 1907

Place of Burial Laurel Md

Date Feb. 15 1907

Undertaker Wm. E. Ellsworth & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 98159 Registered No. B 98159

CERTIFICATE OF DEATH.

(Place of Death.) No. 101 Saunders Alley (Hampden) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Henry Mansfield Smith

{Residence, if in Baltimore, Give Street and Number.} 101 Saunders Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 8 1905

AGE: 2 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John Taylor Smith

BIRTHPLACE OF FATHER (State or country): Annale Co

MAIDEN NAME OF MOTHER: Mary E Gaitte

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Taylor Smith

(Address) 101 Saunders Alley

Filed 2/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 12 1907

I HEREBY CERTIFY, That I attended deceased from Feb 12 1907 to Feb 12 1907 that I last saw him alive on Feb. 12 1907 10 A.M. and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia Broncho

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Vernon F. Kelly M.D.

Address 402 Forest Rd.

Date Feb. 13. 1907

Place of Burial St Mary's Hampden

Date Feb 14 1907

Undertaker H. E. Shoemaker & Son

Address 919 Third Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial or his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) **cause and date of death.**

Ward 2 Registered No. B [illegible] 9814 P 5 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 727 S Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Duffy

{Residence, if in Baltimore, Give Street and Number.} [illegible]

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Duffy

(Address) 517 S Spring St

Filed 2/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate

Suicide by taking Acid Carbolic

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thos Dudley Cumm M.D.

Address 320 S Greene St

Date 190

Place of Burial Swartz Cemetery

Date Feb 13 1907

Undertaker Wendell Duffield Son

Address 3305 Boyd St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98161

City of Baltimore, (No. 625 Cumberland St; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Reese.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hhoee

(Address) 625 Cumberland St

Filed 2/13 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 11th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 11th 1907 to Feby 11" 1907

that I last saw her alive on Feby 11" 1907.

and that death occurred, on the date stated above, at 12 05 P.M. The CAUSE OF DEATH was as follows:

Senility et
Arteriosclerosis

(DURATION) DAYS

Contributory Exhaustion (DURATION) 1 DAYS

(Signed) Thomas J. Talbot M. D.

Feby 12 1907 (Address) 1701 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Feb 14 1907
UNDERTAKER	ADDRESS
Wendell Ruffel Cem	330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

CERTIFICATE OF DEATH.

98162

(Place of Death.) No. 132 N. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret S Fiddler

{Residence, if in Baltimore, Give Street and Number.} 132 N. Rose St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Feb 11 1907

AGE ..... years, 7 months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Andrew Fiddler

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Katie Brown

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Fiddler

(Address) 132 N Rose

Filed 2/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11 1907

I HEREBY CERTIFY, That I attended deceased from Feb 10 1907 to Feb 11

that I last saw him alive on Feb 10

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

Gastritis

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) 7 months DAYS

(Signed) A. C. Dean M.D.

Address 137 Milton Ave

Date Feb 12 1907

Place of Burial Bonnie Brae

Date Feb 14 1907

Undertaker Wendell Duffield & Son

Address 330 E Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in said city it shall be the duty of the Physician who attended during his or her last sickness, or in case there be no such Physician, then it shall be the duty of the Undertaker, or other person who comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person having charge of the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age,** (or if single) of the person deceased, and the **cause and date of death.**

B98163

to

B98164

is

missing

HEALTH DEPARTMENT, Baltimore.

Ward 13

98165 Registered No. B 98165

CERTIFICATE OF DEATH.

(Place of Death.) No. 2114 Mt. Royal Terrace St. (If Death at Hospital or In give its Name of Street and N

Full Name Mrs. Charles Hay Harrison

{Residence, if in Baltimore, Give Street and Number.} 2114 Mt Royal Terrace.

SECTION 2. And be it fu
e duty of the Physician wh
otice, to furnish within
tti g forth, as far
ised, and t

98166

missing

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

10 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98167

City of Baltimore, (No. 310, St Paul St.; 4 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha S. Derry

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH June 1840
(Month) (Day) (Year)

AGE 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Emerson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Newton

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Derry

(Address) 310 St Paul St

Filed 2/13 1907 HARRY C. ANDREWS. FINAL [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Feb~~ Dec - 12 - 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 23 1906 to Feb 12 1907 that I last saw h[illegible] alive on Feb 12 1907, and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Grip + old age

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H K Sausich M. D.

Feb 13 1907 (Address) 207 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL [illegible] | DATE OF BURIAL 2-14-1907

UNDERTAKER Wm H. Duke | ADDRESS W. Baltimore

W. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date

Ward ..... Registered No. .....

CERTIFICATE OF DEATH.

1665

(Place of Death.) No. 16 W. 24" St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ralph Levy 9816 8

{Residence, if in Baltimore, Give Street and Number.} 16 W. 24" St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 11 1898

AGE 8 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER William B Levy

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Catharine Duff

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) 16 W 24th St

Filed 2/13 190 7

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12 190 7

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6 .....

I. CAUSE OF DEATH (Secondary or Immediate.)

Shock.

Fracture Skull Injured At 24th St. by Auto Car. (DURATION) DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) Claudius Smith Coroner M.D.

Address 18 E. Chase St

Date Feb 13 190 7

Place of Burial Woodlawn Cem

Date Feb 16 190 7

Undertaker Wm Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1515 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Dougherty

{Residence, if in Baltimore, Give Street and Number.} 1515 Gough St.

Duration of Residence in Baltimore. Life

92169

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. 13 1869

AGE: 33 years, 3 months, 29 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Daniel Dougherty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Kavanaugh

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Dougherty

(Address) 1527 N. Wolfe St.

Filed 2/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11th 1907 to Feb 11th 1907 that I last saw h[im] alive on Feb 11th 1907 and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 Days

Con'tributory (Primary.) Gastritis

(DURATION) 12 Days

(Signed) Edward Kelly M.D.

Address 218 Cathedral

Date Feb 12 1907

Place of Burial Cathedral Cemetery

Date February 14 1907

Undertaker Evans & Spence

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98170

Registered No. B.....

City of Baltimore, (No. 1723 E Biddle St.; ..... Ward) [If death occurred in a Hospital or Institution give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Edward Madden Wimmer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb (Month) 13 (Day) 1907 (Year)

AGE ..... years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) 1723 E Biddle

FULL NAME OF FATHER Charles Wimmer

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Grace Madden

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Grace Wimmer

(Address) 1723 E Biddle St

Filed 2/13 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to Feb 13 1907 that I last saw him alive on 12 Feb 1907 and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Convulsions

Grippe Cold, about two weeks (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) E. L. Peterson M.D.

Feb 13 1907 (Address) 1063 E Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Baltimore County | DATE OF BURIAL Feb 14 1907

UNDERTAKER J. E. Hughes | ADDRESS 17 S Broadway

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

647

(Place of Death.) No. 2112 E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Henry Mister 9817

{Residence, if in Baltimore, Give Street and Number.} 2112 E. Baltimore St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	W.
DATE OF BIRTH	Jan 17 1849
AGE	58 years, months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Dorchester Co. Md.
FULL NAME OF FATHER	Severn Mister
BIRTHPLACE OF FATHER (State or country)	Dorchester Co. Md.
MAIDEN NAME OF MOTHER	Frances Cooper
BIRTHPLACE OF MOTHER (State or country)	Dorchester Co. Md.
OCCUPATION OF DECEASED	Oysters & Fruit Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria A. Mister

(Address) 2112 E. Balto. St.

Filed Feb 13 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 12th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 12th 190 to Feb 12th 190 7

that I last saw h[illegible] alive on Feb 10th 190 7

and that death occurred, on the date stated above, at 9.10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. B. Britton M.D.

Address 1711 E Balt St

Date Feb 12th 1907

Place of Burial Lunda Park Cemetery

Date Feb 14th 1907

Undertaker C. E. Hughes

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98172 Registered 84

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edw. Smith 98172

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mul.

DATE OF BIRTH: April 10 190[illegible]

AGE: ..... years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed 2/13 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Febr. 12 190[illegible]

I HEREBY CERTIFY, That I attended deceased from Jan. 11 190[illegible] to Febr. 12 190[illegible]

that I last saw h[illegible] alive on Febr 11 190[illegible]

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lymphosarcoma / Enlargement of thymus gl

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Febr. 12 190[illegible]

Place of Burial Cathedral Cemetery

Date February 14th 1907

Undertaker Felix R Pue

Address 102 E Mulberry st

...CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 36 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gordon Banks 98173

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: Febr. 7 1906

AGE: 1 years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McClannan

(Address) 2005 Madison Ave.

Filed 2/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febr. 12 1907

I HEREBY CERTIFY, That I attended deceased from Febr. 6 1907 to Febr. 12 1907 that I last saw h.. alive on Febr 11 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cong. Syphilis

(DURATION) Life DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Alexius McClannan M.D.

Address 2005 Madison Ave.

Date Febr. 12 1907

Place of Burial Cathedral Cemetery

Date February 14th 1907

Undertaker Henry E Pye.

Address 102 E Mulberry st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 Hampson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Robt & Jennie Baxter

{Residence, if in Baltimore, Give Street and Number.} 810 Hampson st

Duration of Residence in Baltimore. Life 98174

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Fem.
COLOR	Colored
DATE OF BIRTH	July. 5th 1907
AGE	— years, — months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Robt. Baxter
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Jennie Waller
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Baxter

(Address) 810 Hampson st.

Filed 2/13 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July. 11th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 7 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wilson Backus M.D.

Address Two Log. Av. (Govans)

Date July. 11th 1907

Place of Burial Mt Auburn Cemetery

Date February 14th 1907

Undertaker Felix B Pyle.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the ... duty of the Physician who attended during his or her last sickness, or the Coroner, when the ... tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending t... ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

961.75

CERTIFICATE OF DEATH.

(Place of Death.) No. 1230 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Glorius

{Residence, if in Baltimore, Give Street and Number.} 1230 Ashland Ave

Duration of Residence in Baltimore. 55 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	October 8th 1831
AGE	75 years, 4 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	Not known
MAIDEN NAME OF MOTHER	Not known
BIRTHPLACE OF MOTHER (State or country)	Not known
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Glorius

(Address) 1230 Ashland Ave

Filed 2/13 1907 HARRY C. ANDREAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to July 12th 1907

that I last saw h alive on July 11th 1907

and that death occurred, on the date stated above, at 2 30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

Cerebral Hemorrhage

(DURATION) X DAYS

Con'tributory (Primary.) Chronic Valv. Dis.

(DURATION) X DAYS

(Signed) Jeffries Buck M.D.

Address 2544 St Paul St

Date July 13th 1907

Place of Burial Baltimore Cemetery

Date February 14th 1907

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... 98176 Registered No. B .....

27V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Hamlin

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore..... 2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Mar. 23, 1883

AGE: 23 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): St. John, N. B.

FULL NAME OF FATHER: Franklin Hamlin

BIRTHPLACE OF FATHER (State or country): Maine

MAIDEN NAME OF MOTHER: Evangeline C. Cotter

BIRTHPLACE OF MOTHER (State or country): N. B.

OCCUPATION OF DECEASED: Telegraph Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/13/1907 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 12 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 31 1906 to Feb. 12 1907 that I last saw h alive on Feb. 12 1907, and that death occurred, on the date stated above, at 12 20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

Tuberculous glands of neck. Mutal

Regurgitation (DURATION) DAYS

Contributory (Primary) Pulmonary Thrombus (DURATION) DAYS

(Signed) R R Nonidez M.D.

Address Bay View Hospital

Date Feb. 13 1907

Place of Burial Baltimore Cemetery

Date Feby 14 1907

Undertaker Katt & Turner

Address Jersey, Ohio

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and **the cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98172

City of Baltimore, (No. 908, Granby St.; 3rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Olga Goldman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1872
(Month) (Day) (Year)

AGE 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Salman Hurwitz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Mandelstamm

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Shenker

(Address) 908 Granby St

Filed Feb 14th 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 13th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 3rd 1907 to Feby 12th 1907

that I last saw h[illegible] alive on Feb 12 1907

and that death occurred, on the date stated above, at 12.15 P. M. The CAUSE OF DEATH was as follows:

Valvular heart disease
(Mitral stenosis)
3 years (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) M. M. Savage, M. D.

Feby 13 1907 (Address) 112 E. Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philips Rd Mt Olive Dale	Feb 14 1907
UNDERTAKER	ADDRESS
Wm Levinson	1108 Lombard

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Tumbler

{ Residence, if in Baltimore, Give Street and Number. } 15 N Bond St 98178

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 5 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Mort Tumbler

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fannie Goodman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Tumbler

(Address) 15 N Bond st

Filed Feb 14 1907

H. ANDREWS, CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 13 1907

I HEREBY CERTIFY, That I attended deceased from Feb 12 1907 to Feb 13 1907

that I last saw h~~im~~ alive on Feb 13 1907, 5:30

and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.) Abscess of Leg.

(DURATION) DAYS

(Signed) John McT. Bergland M.D.

Address Johns Hopkins Hospital

Date Feb 13 1907

Place of Burial Philip's Rd Rock Dale

Date Feb 14 1907

Undertaker Mat Lennon

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Francis Callins 98179

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wht.

DATE OF BIRTH: Jan. 18 1907

AGE: — years, — months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: U

BIRTHPLACE OF FATHER (State or country): U

MAIDEN NAME OF MOTHER: U

BIRTHPLACE OF MOTHER (State or country): U

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2035 Madison Ave.

Filed Feb 14 1907 HARRY C. ANDREWS, CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1907 to Feb. 13 1907 that I last saw h[illegible] alive on Feb. 13 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 26 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2035 Madison Ave

Date Feb. 13 1907

Place of Burial Cathedral Cemetery

Date February 14th 1907

Undertaker Felix A Pye

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr. Isaac Einerman 98180

{Residence, if in Baltimore, Give Street and Number.} 1006 East Lombard st

Duration of Residence in Baltimore. 12 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 96 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Abraham Einerman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rosa Colt

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Levin

(Address) 1006 E. Lombard st

Filed 2/14/1907 HARRY O'[illegible] CITY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 14th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to Feb 14 1907 that I last saw h.. alive on Feb 14th 1907, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 5 DAYS

Contributory (Primary.) Chronic nephritis

(DURATION) — DAYS

(Signed) Chas. Bagley Jr. M.D.

Address Hebrew Hospital

Date Feb 14th 1907

Place of Burial Philip Rd Road Dale

Date Feb 14, 1907

Undertaker Wm Levinson

Address 1135 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2334 Millinen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 98121

Full Name Albert Adams

{ Residence, if in Baltimore, Give Street and Number. } 2334 Millinen st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 4th 1881

AGE: 26 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Adams

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Frances

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Potter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Adams

(Address) 2334 Millinen st

Filed 2/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 12th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Feb 12 1907

that I last saw him alive on Feb. 9 1907

and that death occurred, on the date stated above, at 1030 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculosis

(DURATION) 42 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. G. Rusk M.D.

Address 1100 E. Baltimore

Date Feb. 12 1907

Place of Burial Holy Redeemer Cemetery

Date February 15th 1907

Undertaker Christian Miller.

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 261 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Johnson 9812

{Residence, if in Baltimore, Give Street and Number.} 261 Chestnut St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — 1

AGE 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) N J.

FULL NAME OF FATHER John H Johnson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Betsey Lewis

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father John H Johnson

(Address) ~~26~~ 1428 Division St

Filed 2/14 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13 1907

I HEREBY CERTIFY, That I attended deceased from Feb 10 to Feb 13 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 6 40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.
Coroner

Address 1216 N. Caroline St

Date Feb. 13 1907

Place of Burial Mt. Auburn

Date February 15, 1907

Undertaker R. F. Elliott

Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 98183

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2407 Hudson alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa V Boyer 98183

{Residence, if in Baltimore, Give Street and Number.} 2407 Hudson alley.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1860 1

AGE: 47 years, one months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Anderson.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband. John E Boyer

(Address) 2407 Hudson Alley

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .. to ..... 190 .....

that I last saw h .. alive on ..... 190 .....

and that death occurred, on the date stated above, at 6 00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

2½ hrs (DURATION) ... DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) ... DAYS

(Signed) Clinton Smithmeyer M.D.

Address 1818 L. Charles

Date Feb 12 1907

Place of Burial Mt Auburn Cemetery

Date Feb 14 1907

Undertaker R McCollum

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 210 N central ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number) 98184

Full Name Annie Dennis

{Residence, if in Baltimore, Give Street and Number.} 210 N central ave

Duration of Residence in Baltimore. 50 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —

AGE: 1 — 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Ebrom Martin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Daughter Mary Fisher

Address 210 N Central Ave

Filed 2/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 9 1907 to Feb 12 1907 that I last saw her alive on Feb 11 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy - contused old - age -

(DURATION) 3 - DAYS

Contributory (Primary) Heart

(DURATION) 3 DAYS

(Signed) Dr Jno W Bernard M.D.

Address 702 E Eager St

Date Feby 12th 1907

Place of Burial Laurel

Date February 14 1907

Undertaker R. A. Elliott

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98185

City of Baltimore, (No. 627 Sterling St.; 5th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adele Brinn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: March (Month) 12 (Day) 1906 (Year)

AGE: 1 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John Brinn

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Adel Thomas

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Adel Brinn

(Address) 627 Sterling

Filed 2/14 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 12th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 8th 1907 to Feb 12th 1907 that I last saw h[illegible] alive on [illegible] 1907, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Pneumonia (Capillary)

DURATION 4 DAYS

Contributory

DURATION DAYS

(Signed) F. A'Kamm M. D.

Feb 13 1907 (Address) 1400 [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Feb 14 1907

UNDERTAKER: [illegible] — ADDRESS: 506 Poplar

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C. Moriarity

{ Residence, if in Baltimore, Give Street and Number. } City Hospital 98186

Duration of Residence in Baltimore. 8 1/2 yrs. 20 S. Poppleton St.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	June 29 1847
AGE	59 years, 7 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	W.
BIRTHPLACE (State or country)	Conn.
FULL NAME OF FATHER	Cornelius Moriarity
BIRTHPLACE OF FATHER (State or country)	Ireland.
MAIDEN NAME OF MOTHER	Catharine McCarthy
BIRTHPLACE OF MOTHER (State or country)	Ireland.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Joe. Moriarity

(Address) 20 S. Poppleton St.

Filed 2/14 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 13- 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 9- 1907 to Feb. 13- 1907

that I last saw him alive on Feb. 13 1907

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia - dentypsin
Cerebral Attack
Pneumonia (DURATION) about 4. DAYS

Contributory (Primary) Nephritis. (DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date February 13 1907

Place of Burial St. Peters

Date Feb 15 1907

Undertaker John J. Cowan

Address 701 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 30 East Henrietta St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William E. Guenther

{Residence, if in Baltimore, Give Street and Number.} 30 East Henrietta St.

Duration of Residence in Baltimore. Lifetime 98187

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 9th 1862.

AGE: 45 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Wm. Guenther

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Julia Heenkelman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Henry J. Fisher

(Address) 30. E. Henrietta St.

Filed 2/14 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to Feb 12 1907 that I last saw him alive on Feb 11 1907 and that death occurred, on the date stated above, at 12.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

Sclerosis

(DURATION) 3 DAYS

Contributory (Primary.) Diabetes

(DURATION) 4 years

(Signed) C. P. Stamm M.D.

Address 1606 Eutaw St.

Date Feb 12 1907

Place of Burial Western Cemetery

Date Feb. 14th 1907

Undertaker Philip Secwald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

67.

CERTIFICATE OF DEATH.

Place of Death.) No. 1729 Nr North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H Schott 98182

{ Residence, if in Baltimore, Give Street and Number. } 1729 Nr North Ave

Duration of Residence in Baltimore. 40 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 12 1827

AGE: 80 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Shoe Mfg.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Shott

(Address) 1729 Nr North Ave

Filed 2/14 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 13 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to Feb 13 1907 that I last saw h[illegible] alive on Feb 12th 1907, and that death occurred, on the date stated above, at 3 a m. CAUSE OF DEATH (Secondary or Immediate.)

General Paralysis

(DURATION) [illegible] DAYS

Contributory (Primary.) Enlarged Prostate

(DURATION) 1 DAYS

(Signed) Emmet Jones M.D.

Address 1744 W North Ave

Date Feb 13 1907

Place of Burial Greenmount Cem

Date Feb 15th 1907

Undertaker Josiah Seyfer

Address 16 & 18 N Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Natale Chanda 9819

{Residence, if in Baltimore, Give Street and Number.} Front St.

Duration of Residence in Baltimore. 20yr

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28 1907 to Feb. 12 1907 that I last saw h[illegible] alive on Feb 12 1907 and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Uremia
Anemia

(DURATION) DAYS

Contributory (Primary) Nephritis

Malarial fever (DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date February 12 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 13 1907 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name James Newman

{Residence, if in Baltimore, Give Street and Number.} 700½ E Biddle St.

98180

Duration of Residence in Baltimore. 2yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH ..... 1.....

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 11 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 7 1907 to Feb. 11 1907

that I last saw him alive on Feb. 11 1907

and that death occurred, on the date stated above, at P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C. A. Stock M.D.

Address City Hospital

Date February 11 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 13 1907 190...

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9rr

CERTIFICATE OF DEATH.

Registered No. B 98191

City of Baltimore, (No. M.T.C. Hospl. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Beed E. Melts.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 11 (Month) 24 (Day) 1906 (Year)

AGE: ..... years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss. E. M Stem

(Address) M.T.C. Hospl.

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 2 (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 18 1906 to Feb 10 1907

that I last saw h... alive on " " 1907,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 10 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) J. H. Rehrath M. D.

1907 (Address) 839 E. Lee St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S.

DATE OF BURIAL: FEB 12 1907

UNDERTAKER: Commissioner Health.

ADDRESS: Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

1/4

Ward ..... Registered No. B 98192

98192

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Major Gray

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holladay

(Address) .....

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 10 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Feb. 10 1907 that I last saw h.. alive on Feb. 10 1907, and that death occurred, on the date stated above, at 10 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral regurgitation

Chronic diffused nephritis

..... (DURATION) ..... DAYS

Contributory (Primary) Arteriosclerosis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Feb. 12 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 12 1907 190

Undertaker William H Woodes

Address 511 Aiken St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

CERTIFICATE OF DEATH.

711

(Place of Death.) No. 2011 Ellsworth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Heath 98193

{Residence, if in Baltimore, Give Street and Number.} 2011 Ellsworth st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 21 1906

AGE ..... years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER Richard R. Heath

BIRTHPLACE OF FATHER (State or country) Baltimore, Md

MAIDEN NAME OF MOTHER Katie Yager

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard R. Heath

(Address) 2011 Ellsworth

Filed 2/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febr. 13 1907

I HEREBY CERTIFY, That I attended deceased from Febr. 13 1907 to Febr. 13 1907 that I last saw her alive on Febr. 13 1907, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

(DURATION) 4 Hours DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) William Frazier M.D.

Address 1407 N Gay

Date Febr. 13 1907

Place of Burial Mt. Olivet Cemty

Date Jan. 15 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 832 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret R. Emrich

{Residence, if in Baltimore, Give Street and Number.} 832 George st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR white
DATE OF BIRTH Mar 11th 1901	
AGE 5 years, 11 months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Geo Emrich
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Wilhelmina Stach
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Emrich

(Address 832 George st

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Feb 13th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 5th 1907 to Feb 13th 1907

that I last saw h[illegible] alive on Feb 13th 1907

and that death occurred, on the date stated above, at 9.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.) Acute Bronchitis

about 15 Days from the beginning of (DURATION) DAYS

(Signed) J. Mortimer Hayes M.D.

Address 901 N. Sliker St

Date Feb. 14th 1907

Place of Burial St Paul's Ger Luth Williamsport

Date Feb 15th 1907

Undertaker Geo Weber

Address 1155 N. Carey st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. W. Collison. 9218

{Residence, if in Baltimore, Give Street and Number.} 1611 N. Lanvale St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: —

AGE: 83 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Caroline Co Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Fannie E Collison

(Address) 1611 N Lanvale St.

Filed 2/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 13, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1907 to Feb 13 1907

that I last saw him alive on Feb 13, 1907,

and that death occurred, on the date stated above, at 6:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

(DURATION) DAYS

Contributory (Primary.) Heart Failure

(DURATION) DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date ... 190...

Place of Burial Denton Md

Date Feb 15th 1907

Undertaker Wm Cook

Address 502 E. Hartford.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98196

City of Baltimore, (No. 807 Hopkins Ave. Str. ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John. Edw. Healy Jr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. (Month) 21 (Day) 1890 (Year)

AGE 26 years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John. Edw Healy Sr

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Laura. Bertrand

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. E. Healy Sr

(Address) 1933 E. Monument

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 13th. 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 11 1907 to Feby 13 1907

that I last saw him alive on Feby 13 1907

and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Heart. Disease

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Chas. H. Magruder M. D.

2/13 1907 (Address) 1576 E. Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Cathedral Cemetery | DATE OF BURIAL Feby 15 1907

UNDERTAKER Wm. Cook | ADDRESS 602 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

42 V

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs. Miriam Richardson 98/97

{ Residence, if in Baltimore, Give Street and Number. } 1730 McCulloh St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH — 1

AGE 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Richardson

Address 1730 McCulloh St

Filed 2/14 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 18th 1907 to Feb. 14th 1907 that I last saw her alive on Feb. 14th 1907, and that death occurred, on the date stated above, at 12.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs -

(DURATION) 1/2 DAYS

Contributory (Primary) Carcinoma of L. Ovary (DURATION) ... DAYS

(Signed) J. D. Riggs M.D.

Address 1514 Division St.

Date Feb. 14th 1907

Place of Burial Loudon Park

Date Feb. 16 1907

Undertaker Wm Cook

Address 502 E. Fayette St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 98198

City of Baltimore, (No. 2034, Jefferson Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hattie Mandell Fisher.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto County Md

FULL NAME OF FATHER: James Hawkins

BIRTHPLACE OF FATHER (State or country): York Pa

MAIDEN NAME OF MOTHER: Lydia Hoffman

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lydia Hawkins

(Address) 2034 Jefferson St.

Filed 2/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 190 to Feb 12 1907

that I last saw h alive on Feb 12 190 7,

and that death occurred, on the date stated above, at 7.45 P. M. The CAUSE OF DEATH was as follows:

Uraemia

(DURATION) 8 DAYS

Contributory Intercalcia Pneumonia (DURATION) 5 DAYS

(Signed) ✕ Lee Mahoney M. D.

Feb 13 190 (Address) 1247 W Lex

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park.

DATE OF BURIAL: Feb 15 1907

UNDERTAKER: Wm Cook

ADDRESS: 372 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98199

Registered No. B.....

City of Baltimore, (No. 1264 E. North Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susie Proctor

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Prince George. Co. Md.

FULL NAME OF FATHER George. Atchison

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Taylor

BIRTHPLACE OF MOTHER (State or country) Prince George. Co. Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. F. Proctor

(Address) 1264 E. North Ave

Filed 2/14 1907 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 12th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 18 1907 to Feb. 11th 1907 that I last saw h[illegible] alive on Feb 11th 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Valvular Disease of Heart Rheumatism with fibroid Lung caus[illegible] Several weeks (DURATION) DAYS

Contributory Organic Heart disease Several [illegible] (DURATION) DAYS

(Signed) G. C. E. Vogler M. D.

Feb 12th 1907 (Address) 1232 S. North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL London Park | DATE OF BURIAL Feby 15 1907

UNDERTAKER Wm Cook | ADDRESS 302 E North ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1429 Mount Royal Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Alice C Fanneken

{Residence, if in Baltimore, Give Street and Number.} 1429 Mount Royal Ave 98200

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 1847

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Dr John Fanneken

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Hamilton

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma L Griffith

(Address) 1429 Mt Royal Ave

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2 1907 to Feb 12 1907 that I last saw h er alive on 12 1907, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis.

Unknown (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O. Edward Janney M.D.

Address 837 N. Eutaw St

Date Feb 13. 1907

Place of Burial Greenmount

Date Feby 15th 1907 190

Undertaker Henry Jenkins Sons Co

Address 223 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 30304 Registered No. B .....

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CERTIFICATE OF DEATH.

(Place of Death.) No. 120 2 Gough St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William Guzzo 78201

{Residence, if in Baltimore, Give Street and Number.} 120 S Gough

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Taylor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Grizes

(Address) 120 S. Gough st.

Filed 2/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 13 1907

I HEREBY CERTIFY, That I attended deceased from Feb 6 1907 to Feb 13 1907

that I last saw h— alive on Feb 13 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

1. Acute Pneumonia

(DURATION) 7 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Valentine M.D.

Address 160 Broadway

Date 2/13 1907

Place of Burial St. Vincents Cem.

Date Feb. 15" 1907

Undertaker Wendell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 Rock St.

(If death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josua Fuller

{ Residence, if in Baltimore, Give Street and Number. } 206 Rock st.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: Jan 17th 1878

AGE: 29 years, — months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Joseph Fuller

BIRTHPLACE OF FATHER (State or country): Howard Co.

MAIDEN NAME OF MOTHER: Rachel Hawkins

BIRTHPLACE OF MOTHER (State or country): Carroll Co.

OCCUPATION OF DECEASED: Lawn.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Fuller

(Address) 1621 Presbury st.

Filed 2/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10th 1907 to Feb 12th 1907 that I last saw him alive on Feb 11 1907, and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Ascites (DURATION) 63 DA

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Leith M.D.

Address 1313 N North ave

Date Feb 12th 1907

Place of Burial Woodlawn Cemetery Md

Date Feb 14th 1907

Undertaker JAMES H. DENNIS,

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1235 QWilliam St. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Paul C. Reister~~ Paul C. Reister

{ Residence, if in Baltimore, Give Street and Number. } ~~Lifetime~~ 1235 William St.

Duration of Residence in Baltimore. Lifetime

98203

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	June 17th 1906
AGE	....years, 8 months, ...days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Henry Clay Reister
BIRTHPLACE OF FATHER (State or country)	Balto City
MAIDEN NAME OF MOTHER	Sophia B North
BIRTHPLACE OF MOTHER (State or country)	Balto City
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Clay Reister

(Address) #1235 Hillman St

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Feb. 12/07. 190

I HEREBY CERTIFY, That I attended deceased from Feb. 4/07. 190 to FEB. 12/07 190 that I last saw ~~him~~ alive on FEB 12. 190 and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-Spinal Meningitis

2 Wks. (DURATION) DAYS

Contributory (Primary) Respiratory Palsy.

Momentary (DURATION) DAYS

(Signed) E S Elles M.D.

Address 915 Light St.

Date FEB. 12/07 190

Place of Burial Cedar Hill Cem

Date Feb. 14 1907

Undertaker John J Tuley

Address 1232 Hillman St.

WM. J. C. DULANY CO., BALTIMORE.

Ward 19 — Registered No. 98204

CERTIFICATE OF DEATH. 191

(Place of Death.) No. 1908 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie H. Ruth

{Residence, if in Baltimore, Give Street and Number.} 1908 Division St

Duration of Residence in Baltimore. 20 Years 98204

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: April 1864

AGE: 42 years, 8 months, days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: James Lawrence

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Hunt

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Burke

(Address) 1107 Division St

Filed 2/14 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 11th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Died Suddenly (DURATION) DAYS

Contributory (Primary) .....

(DURATION) DAYS

(Signed) Dixon Reardon M.D.

Address 700 Light St. (Corner)

Date July 13th 1907

Place of Burial ~~Mount Auburn Cemetery~~ Loudon Park

Date Feb 14th 1907

Undertaker J. A. Burke

Address 1107 Division St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

64 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98205

Registered No. B.....

City of Baltimore, (No. 1141, Stockton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hattie Bootists

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Dont know (Month) ..... 1 (Day) ..... Year)

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Fred. Co Md

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J A Bird

(Address) 1107 Druid Ave

Filed 2/14 1907. HARRY O. ANDREWS, Registrar

FEBRUARY CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 12 1907 to Feby 13 1907

that I last saw h[er] alive on Feby 12 1907,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Paralysis, about 2 years (DURATION) ..... DAYS

Contributory Second Stroke, Coma, (DURATION) 1 DAYS

(Signed) C & C Dawson M. D.

Feby 13 1907 (Address) 923 N Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: Feby 15 1907

UNDERTAKER: J. A. Bird ADDRESS: 1107 Druid Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

98206
11

CERTIFICATE OF DEATH.

(Place of Death.) No. 224 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah McCoy

{Residence, if in Baltimore, Give Street and Number.} 224 N Gilmor St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 3 1830

AGE 76 years, 8 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Delaware

FULL NAME OF FATHER Jno B Brashears

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Susan Humphreys

BIRTHPLACE OF MOTHER (State or country) Delaware

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt McCoy

(Address) 224 N Gilmor St

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13 1907

I HEREBY CERTIFY, That I attended deceased from Feb 12 1907 to Feb 13 1907

that I last saw her alive on Feb 13 1907

and that death occurred, on the date stated above, at 12 15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 1 DAYS

Contributory (Primary.) Bronchitis Senility.

(DURATION) DAYS

(Signed) Robt. McCoy M.D.

Address 1733 Lindenav

Date Feb 13 1907

Place of Burial Mt Olivet Cem

Date February 15 1907

Undertaker Wm J. Tiknen & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE.

or Conway 1733 Lindenav

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Register No. 9820 9820

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Rose Johnson

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore..... 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: March 1 1868

AGE: 38 years, 11 mont's, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Frederick Md

FULL NAME OF FATHER: Ross Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: M L Hammond

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Telegraph Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 28 1906 to Feb. 13 1907

that I last saw h in alive on Feb. 13 1907,

and that death occurred, on the date stated above, at 10:10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Con ributory (Primary) Consumption

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital.

Date Feb. 13 1907

Place of Burial Loudon Park Cem

Date February 15 1907

Undertaker Wm J. Tiefner & Sons

Address 425 W. Camden St

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1830 E North avenue St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs Annie Lumpack

{ Residence, if in Baltimore, Give Street and Number. } 1830 E North avenue

Duration of Residence in Baltimore. 14 years 98208

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Janz 16 1872

AGE: 34 years, — months, 27 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Baptist Kamman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Juerdens

(Address) 217 S. Paca St

Filed 2/14 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Febry 12 1907

I HEREBY CERTIFY, That I attended deceased from Febry 4 1907 to Febry 12 1907 that I last saw h[illegible] alive on Febry 12 1907, and that death occurred, on the date stated above, at 2.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Young Westbrook M.D.

Address 237 Gorsuch ave

Date Febry 12 1907

Place of Burial Holy Redeemer Cy

Date Feb 15 1907

Undertaker Jos. Juerdens, Son

Address 217 S. Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Goldie B. Hess.

{ Residence, if in Baltimore, Give Street and Number. } Garrison, Md.

Duration of Residence in Baltimore.

98209

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1891

AGE 16 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Carroll Co Md.

FULL NAME OF FATHER John Hess.

BIRTHPLACE OF FATHER (State or country) Carroll Co Md.

MAIDEN NAME OF MOTHER Laura A. Hess.

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W H. Blizzard

(Address) Garrison Md-

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11, 1907 to Feb 14, 1907 that I last saw h er alive on Feb 14, 1907 and that death occurred, on the date stated above, at 7 30 A. M. CAUSE OF DEATH (Secondary or Immediate

Operation for cure of Ventral Hernia

DURATION DAYS

Contributory (Primary.) Shock

DURATION DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen Hosp.

Date Feb 14 1907

Place of Burial Deer Park Md

Date Feb 17th 1907

Undertaker W. M. Gauntlett

Address 901 N. North Ave -

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda Marsh

{Residence, if in Baltimore, Give Street and Number.} Chesconessex Va 98210

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	55 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	unknown
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	unknown
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno A McCleary

(Address) John Hopkins Hospital

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 12 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to Feb 12 1907

that I last saw her alive on Feb 12 1907

and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chr Laryngitis

(DURATION) DAYS

Contributory (Primary) Gall Stones

(DURATION) DAYS

(Signed) W McCallum M.D.

Address Johns Hopkins Hospital

Date Feb 13 1907

Place of Burial Tasley Va

Date FEB 14 1907

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98211

City of Baltimore, (No. 154, Wilson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ethan A. Willey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. (Month) 14 (Day) 1811 (Year)

AGE: 95 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Connecticut

FULL NAME OF FATHER: Ethan A. Willey

BIRTHPLACE OF FATHER (State or country): Conn.

MAIDEN NAME OF MOTHER: Mary P. Brockway

BIRTHPLACE OF MOTHER (State or country): Conn

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Day. Allen Willey

(Address) 934 Wilson

Filed 2/14 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 13th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 8 1907 to Feb 13 1907

that I last saw him alive on Feb 13 1907,

and that death occurred, on the date stated above, at 10 30 A. M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) DAYS

Contributory

Confined to bed (DURATION) 6 DAYS

(Signed) Chas E. Sadler M. D.

Feb 13 1907 (Address) 1415 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 13 1907

UNDERTAKER: Edw. Fritchell (E M Mitchell)

ADDRESS: 1201 Fayette st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98212

City of Baltimore, (No. 406 N. Regester St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Daughter of Lula Daniels

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Samuel Daniels

BIRTHPLACE OF FATHER (State or country): North carolina

MAIDEN NAME OF MOTHER: Lula Stokes

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Daniels

(Address) 406 N. Regester St

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 12th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 12th 1907 to Feb 12th 1907

that I last saw her alive on Feb 12th 1907.

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Prematurity 7 months

Duration

(DURATION) DAYS

Contributory ——

(DURATION) DAYS

(Signed) M. D. White M. D.

Feb 13th 1907 (Address) 1101 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Arbury

DATE OF BURIAL: Feb 15th 1907

UNDERTAKER: Wm J G Jackson

ADDRESS: 1421 Mullikin

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 720 Hanover St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Viola Hack. 98213

{Residence, if in Baltimore, Give Street and Number.} 720 Hanover St.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 7 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: William Hack

BIRTHPLACE OF FATHER (State or country): Dorchester Co. Md

MAIDEN NAME OF MOTHER: Martina Farrell

BIRTHPLACE OF MOTHER (State or country): Dorchester Co. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martina Hack

(Address) 720 Hanover St

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to Feb 13 1907 that I last saw h-- alive on Feb 13 1907 and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) DATE

Contributory (Primary.)

(DURATION) DATE

(Signed) H. Edwood Smith M.D.

Address 538 Hanover St.

Date Feb 14 1907

Place of Burial Laurel Cemetery

Date Feb 15-th 1907

Undertaker G. L. Brown and Son

Address 108 W. Montgomery St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 829 Leadenhall St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda Harris

{ Residence, if in Baltimore, Give Street and Number. } 829 Leadenhall St

98214

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 29 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): York, Penna

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Harris

(Address) 829 Leadenhall St

Filed 2/14 1907

HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 13 1907

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to Feb 13 1907

that I last saw h alive on Feb 13 1907,

and that death occurred, on the date stated above, at 10

M. CAUSE OF DEATH (Secondary or Immediate.)

P. T. Phthisis

Abt 2 Months

(DURATION) ..... DAYS

Contributory (Primary.) Pneumonia

Abt 2 Months

(DURATION) ..... DAYS

(Signed) J. H. Gordon M.D.

Address 712 S Bond

Date Feb 13 1907

Place of Burial Laurel Cemetery

Date Feb. 15-07

Undertaker G. L. Brown & Son

Address 158 W. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

98215

CERTIFICATE OF DEATH.

(Place of Death.) No. 816 McDonough — 98215 St.

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Miranney Braxton
Minnie

{ Residence, if in Baltimore, Give Street and Number. } 816 McDonough Street

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): New Kent Co. Virg.

FULL NAME OF FATHER: King Page

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Do not Know

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Williams

(Address) 816 McDonough St.

Filed 2/14 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 14th 1907

I HEREBY CERTIFY, That I attended deceased from 15th Nov. 1906 to 13th Feb 1907 that I last saw h.. alive on 13 Feb 1907 and that death occurred, on the date stated above, at 2.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Inflamation Rheumatism

Three months (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) G. W. Simpson M.D.

Address 1026 N. Broadway

Date Feb. 14th 1907

Place of Burial Laurel Cemetery

Date February 16th 1907

Undertaker Felix Pope.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8/7

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay Views Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name 98216

{Residence, if in Baltimore, Give Street and Number.} Sarah Thornton

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 95 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM

Filed 2/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 13, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1905 to Feby. 13. 1907 that I last saw her alive on Feby 12, 1907, and that death occurred, on the date stated above, at 8 a'c. a.m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1½ DAYS

Con'ributory (Primary.) Senility as

Arterio Sclerosis. (DURATION) Unknown

(Signed) H M Andrews M.D.

Address Bay Views Asylum

Date February 13. 1907

Place of Burial Mt Auburn Cemetery

Date February 15th. 1907

Undertaker Felix B Kyle.

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 632 N. Madaira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Nennmister 98217

{ Residence, if in Baltimore, Give Street and Number. } 632 N. Madaira st

Duration of Residence in Baltimore. 55

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 19th 1

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Nennmister

(Address) 632 N. Madaira st

Filed 2/14th 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 24th 1906 to Feb 14th 1907 that I last saw him alive on Dec 18th 1906, and that death occurred, on the date stated above, at 10.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Necrosis of Left Femur Hospitalism from Syphilis 2 months (DURATION) DAYS

Contributory (Primary) Syphilis

(DURATION) DAYS

(Signed) A W McCandlish M.D.

Address 11 E. Preston

Date Feb 16th 1907

Place of Burial Mount Olivet Cem. Feb 16 1907 Carroll County

Date FEB 16 1907

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

15

(Place of Death.) No. 818 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant child of Edward & Sarah Schaar.

{Residence, if in Baltimore, Give Street and Number.} 25- S Bethune St.

Duration of Residence in Baltimore. Life. B98218

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Feby 13 1907

AGE ..... years, ... months, 20 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Baltimore City.

FULL NAME OF FATHER Edward Schaar.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Sarah Hasan

BIRTHPLACE OF MOTHER (State or country) Russia.

OCCUPATION OF DECEASED Nil.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred B Litsted M.D.

(Address) 1215 Madison Av.

Filed Feb 15th 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 13th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 13th 1907 to Feb. 14 1907 that I last saw h[illegible] alive on Feb 13 1907, and that death occurred, on the date stated above, at 7 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

Pl[illegible] membranes. Asphyxia

20 hours (DURATION) DAYS

Contributory (Primary.) Weakness (DURATION) DAYS

(Signed) Alfred B Litsted M.D.

Address 1215 Madison Ave

Date Feb 14 1907

Place of Burial Philips Rd Rose Dale

Date Feb 15 1907

Undertaker Mark Levinson

Address 1138 Low 25

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

159

Place of Death.) No. 1301 Etting St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Augustus Winnis 98219

{Residence, if in Baltimore, Give Street and Number.} 1301 Etting St

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 82 years, ... months, ... days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single	
BIRTHPLACE (State or country): Jamaica	
FULL NAME OF FATHER: not Known	
BIRTHPLACE OF FATHER (State or country): " do	
MAIDEN NAME OF MOTHER: — —	
BIRTHPLACE OF MOTHER (State or country): — —	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Serena Bell

(Address) 1301 Etting St

Filed 2/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 14 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Feb 14 1907

that I last saw h alive on Feb 12 1907

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) ... DAYS

Con'tributory (Primary) General Debility (DURATION) ... DAYS

(Signed) J. W. C. Cuddy M.D.

Address 937 Madison ave

Date Feb 14 1907

Place of Burial Laurel Cemetery

Date Feby 16th 1907

Undertaker Stewart & Mowru Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 223 No Eutaw St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Ten Arthur 39220

{Residence, if in Baltimore, Give Street and Number.} 223 No Eutaw St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: June 11th 1850

AGE: 56 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Arthur

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Bakery business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry J. Arthur

(Address)

Filed 2/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Concussion of brain due to a fall from window

Suicide

(DURATION) 3 hours

Contributory (Primary.)

Melancholia (DURATION) unk DAYS

(Signed) Patrick J Martin M.D.

Address Cor

Date 2/14 1907

Place of Burial Green Mt Cemetery

Date Feby 16th 1907

Undertaker Stewart Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

1917 Eutaw Place

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Lilling St. B98221

Baltimore, } 1917 Eutaw Place
d Number. }

dence in Baltimore. 50 years

STATISTICAL PARTICULARS	
	COLOR White
	1846
4 months,	days
Married	
Lenick Md	
b B Lilling	
timor Md	
arine Harrison	
ngland	
inner	

NAL PARTICULARS ARE TRUE TO THE AND BELIEF.

rgan't Lilling

HARRY O. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14" 1907

I HEREBY CERTIFY, That I attended deceased from

Oct 1906 to Feb 14" 1907

that I last saw him alive on Feb 13 1907

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary oedema
Asphyxiation

(DURATION) 10 DAYS

Con'ributory (Primary.) Endocarditis
Pericarditis (DURATION) 10 years

(Signed) Henry B Thomas M.D.

Address 1007 Cathedral St

Date Baltimore Feb 14 1907

Place of Burial Mid Ridge Cemetery

Date Feby 15" 1907

Undertaker Stewart-Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. 1917 Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Litting B98221

{Residence, if in Baltimore, Give Street and Number.} 1917 Eutaw Place

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	Oct 1846
AGE	60 years, 4 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Frederick Md
FULL NAME OF FATHER	Caleb B Litting
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Catharine Harrison
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Litting

(Address)

Filed 2/15 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 12" 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Feb 14" 1907

that I last saw him alive on Feb 13 1907

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary oedema

Exhaustion

(DURATION) 10 DAYS

Con'ributory (Primary.) Endocarditis

Exhaustion (DURATION) 10 [illegible]

(Signed) Henry B Hunt M.D.

Address 1017 Cathedral St

Date Baltimore Feb 14 1907

Place of Burial Mid Ridge Cemetery

Date Feby 15" 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98223

City of Baltimore, (No. 407 Myrtle av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Florence Wall

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER Florence Wall

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Johnson

(Address) .....

Filed 2/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1 1907 to 13 1907

that I last saw h[illegible] alive on Feb 13 1907

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Bronchitis.

(DURATION) 13 Days

Contributory .....

(DURATION) 13 Days

(Signed) [illegible] M. D.

Feb 14 1907 (Address) 708 S. [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? .....

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt auburn cem	Feb 15 1907
UNDERTAKER	ADDRESS
Wm J. Johnson	614 Baker st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1351 E Lanvale St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Clarence C. Geiselman

{Residence, if in Baltimore, Give Street and Number.} 1351 E Lanvale st

Duration of Residence in Baltimore. Lifetime B-98224

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 30th 1875

AGE: 31 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jacob Geiselman

BIRTHPLACE OF FATHER (State or country): Frederick Co Md

MAIDEN NAME OF MOTHER: Clara Findley

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Carrie Geiselman Wife

(Address) 1851 E Lanvale st

Filed 2/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 10 1904 to Feb 18th 1907

that I last saw h[illegible] alive on Feb 18th 1907

and that death occurred, on the date stated above, at 6 [illegible] M.

CAUSE OF DEATH (Secondary or Immediate) Tubercular Peritonitis

(DURATION) 2 [illegible]

Contributory (Primary.)

(DURATION) [illegible]

(Signed) Edward [illegible]

Address 28 E Aisquith st

Date Feb 14th 1907

Place of Burial Trinity Lutheran Cemetery

Date February 16th 1907

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the *full name, sex, age, color and condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward [illegible] Register No. [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 2109 Ridgewood Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie D. Vohden

{Residence, if in Baltimore, Give Street and Number.} 2109 Ridgewood Ave

Duration of Residence in Baltimore. 50 years

B 9825

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar 16 1840

AGE: 66 years, ___ mont's, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Miesbach

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ___

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christiana Braun

(Address) 2109 Ridgewood Ave

Filed 2/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 12th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 16th 1906 to Feb. 12th 1907

that I last saw h er alive on Feb 12th 1907,

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broken compensation

of cardiac Obstruction

(DURATION) DAYS

Con'ributory (Primary.) Anasarca due

to fatal Obstruction (DURATION) 4 DAYS

(Signed) A. V. Zimmerman M.D.

Address 1805 W. North Ave

Date Feb. 13th 1907

Place of Burial Greenmount Cemetery

Date Feby 15 1907

Undertaker Pott & Turner

Address 1900 Madison Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jos. Dorsey B98226

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: Nov. 11 1906

AGE: — years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed 2/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 5 1906 to Feb. 14 1907 that I last saw h[illegible] alive on Feb. 13 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Feb. 14 1907

Place of Burial Cathedral Cemetery

Date February 15th 1907

Undertaker Felix A Pye.

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 S. Green St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Bryden 98227

{ Residence, if in Baltimore, Give Street and Number. } 231 S. Green

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	1
AGE	60 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Isaac Bryden
BIRTHPLACE OF FATHER (State or country)	Scotland
MAIDEN NAME OF MOTHER	Joan Carroll
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S. Fields

(Address) 1200 N. Lombard St

Filed 2/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

I Lam

Pulmonary tuberculosis (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J. Martin M.D.

Cor

Address

Date 2/14 1907

Place of Burial National Cem.

Date Feb 15th 1907

Undertaker John S. Fields

Address 1200 N. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98228

City of Baltimore, (No. 203, N. 24th St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Child of B. F. & Janie Downing

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: Feb 13 1907 (Month) (Day) (Year)

AGE: Live few minutes only ..... years, ... months, ... days

SINGLE, ~~MARRIED,~~ WI~~DOWED OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: B. F. Downing

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Janie Jenning

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. F. Downing

(Address) 203 N 24th St

Filed 2/15 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 13th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 13 1907 to Feb 13 1907 that I last saw h er alive on Feb 13 1907, and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Asphyxia

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) W H Pearce M. D.

Feb 13 1907 (Address) 2105 Chas st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Feb 15th 1907

UNDERTAKER: P. H. Gilbert

ADDRESS: 506 Rogers Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98229

Registered No. B .....

City of Baltimore, (No. 1104 N. Fulton Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas. Frank Edwards

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH June (Month) 6 (Day) 1848 (Year)

AGE 58 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Amos J. Edwards

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary E. Jones

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline V. Edwards

(Address) 1104 N. Fulton Ave

Filed 2/13/ 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February (Month) 11th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1905 to Feb. 11 1907

that I last saw him alive on Feb 11 1907,

and that death occurred, on the date stated above, at 10.40 P.M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

About 10 years (DURATION) ..... DAYS

Contributory Asthenia

Duodenale (DURATION) ..... DAYS

(Signed) Thos S. Humphrey M. D.

Feb 12 1907 (Address) 1014 N. Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Baltimore Co. | DATE OF BURIAL Feb 15 1907

UNDERTAKER A. Gordon & Son | ADDRESS 1110 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. L. f. Farmstadt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bochnia Rzeczecha B78230

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Decembre 15th 1906

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER Franciszk Rzeczka

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Agat Zaburla

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Ammadeo

(Address) 75 Gay St

Filed 2/15 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 15th 1907

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to the 14th 1907

that I last saw h alive on 14th 1907,

and that death occurred, on the date stated above, at 4h a. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia infantum

(DURATION) one DAYS

Contributory (Primary) —

(DURATION) one DAYS

(Signed) L. Fuage M.D.

Address L. f. Farmstadt

Date February 15th 1907

Place of Burial 1st Evangelical Cem.

Date February 16th 1907

Undertaker H. SNYDER & SONS,

Address 1700-1710 Clinton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

15 V

CERTIFICATE OF DEATH.

Registered No. B 98231

City of Baltimore, (No. 1838, Hope St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant son of Geo. W. & Eleanor Muth

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	February 14 1907 (Month) (Day) (Year)
AGE	..... years, ... months, 1 hour ..... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	George W Muth
BIRTHPLACE OF FATHER (State or country)	Baltimore city
MAIDEN NAME OF MOTHER	Elenora Hagner.
BIRTHPLACE OF MOTHER (State or country)	Baltimore city
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Muth

(Address) 1838 Hope St

Filed 2/15 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 14 1907 to Feb 14 1907 that I last saw h[illegible] alive on Feb 14 1907, and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Premature Birth (5 months)
(Lived one hour.)

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) A. A. Atwell M. D.

Feb 15 1907 (Address) 1241 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Ind Odd Cemetery	Feb 15 1907
UNDERTAKER	**ADDRESS**
Jas Kers John H Temple	851 W Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

98232

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 229 N Gilmor St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grace a Lowery

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 11 (Month) 8 (Day) 1906 (Year)

AGE: ..... years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jos Lowery

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Martha a Lowery

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Robt Brooks

(Address) 1209 N Baltimore

Filed 2 Feb 1907

DEPUTY REGISTRAR. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to Feb 13 1907 that I last saw h alive on 13 day Feb 1907, and that death occurred, on the date stated above, at 6.45 P.M. The CAUSE OF DEATH was as follows:

Enteritis

About 3 days (DURATION) 3 DAYS

Contributory Cold (DURATION) 0 DAYS

(Signed) Edw. Peterson M. D.

Feb 14 1907 (Address) 1053 N Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: 2-15 1907

UNDERTAKER: Robt Patterson — ADDRESS: 1204 N Baltimore

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93V

98233

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1131, Cookes St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Washington Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept (Month) 8 (Day) 1907 (Year)

AGE: ..... years, 5 months, 6 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Geo W Jones

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Florence M Penkitt

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Jones.

(Address) 1131 Cookes St

Filed 2/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 10 Feb 1907 to 13 Feb 1907 that I last saw him alive on 13 Feb 1907, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 6 DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) James Copes M. D.

14/Feb 1907 (Address) 1322 Hull St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Cedar Hill | DATE OF BURIAL: Feb 15th 1907

UNDERTAKER: Jos. Stuntebeck | ADDRESS: 138 Light St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1500

Place of Death.) No. 521 N. Central av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Lydia

Full Name No given Name, Morse 98234

{ Residence, if in Baltimore, Give Street and Number. } 521 N Central av

Duration of Residence in Baltimore. Six weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored.

DATE OF BIRTH Jan 1 1907

AGE Six weeks
..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James Morse

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sadie Bear

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Morse

(Address) 521 N Central Av

Filed 2/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1907

I HEREBY CERTIFY, That I attended deceased from Feb 14 1907 to Feb 14 1907 that I last saw her alive on Feb 14 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

Bottle fed

..... (DURATION) ..... DAYS

Contributory (Primary.) Inanition

..... (DURATION) — DAYS

(Signed) J Strank M.D.

Address 202 Wagnitta av

Date Feb 15 1907

Place of Burial Laurel

Date February 15 1907

Undertaker N T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucie Ahlen 9825

{ Residence, if in Baltimore, Give Street and Number. } 814 Hampden St.

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH ..... 1.....

AGE 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) France

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ahlen

(Address) 514 Hampden St

Filed 2/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 8 1907 to Feb. 14 1907

that I last saw her alive on Feb. 14 1907

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion — (Cardiac)

following Operation for

relief (Colotomy) Feb. 13.

..... (DURATION) ..... DAYS

Contributory (Primary.) Carcinoma

of Rectum (DURATION) ..... DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date February 14 1907

Place of Burial New Cathedral

Date Feb 16 1907

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98236

City of Baltimore, (No. 528 Brune St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha G. Keith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: January 24th (Month) (Day) 1901 (Year)

AGE: 6 years, months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles A Keith

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Agnes R Hawkins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles A Keith

(Address) 528 Brune St

Filed 2/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 7 1907 to Feb. 14 1907

that I last saw her alive on Feb. 13 1907,

and that death occurred, on the date stated above, at 11.30 a. m. The CAUSE OF DEATH was as follows:

Bronchio Pneumonia

(DURATION) 6 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Howard C. Silver M. D.

Feb. 15 1907 (Address) 1914 Bolton St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Feb 15th 1907

UNDERTAKER: M Fahey & Sons | ADDRESS: 606 Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98237

City of Baltimore, (No. 324 N. Schroeder St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stephen A. Corman.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: May (Month) 20 (Day) 1830 (Year)

AGE: 76 years, 8 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: Martin Corman

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth P. Corman

(Address) 324 N. Schroeder St.

Filed 2/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14th 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 8th 1906 to Feby 13th 1907

that I last saw him alive on Feb 13 1907,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Organic Disease of Heart. This patients Arteries Were Sclerosed.

(From Sept 8th to Feb) (DURATION) DAYS

Contributory Senile Decay

Had begun going on 6 Months (DURATION) DAYS

(Signed) John D. Q. Brown M. D.

Feby 14th 1907 (Address) 63 Wesley St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Feb. 17 1907
UNDERTAKER	ADDRESS
George W. Little	531 N. Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

155V

CERTIFICATE OF DEATH.

(Place of Death.) No. Municipal Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Haesloop. 98238

{ Residence, if in Baltimore, Give Street and Number. } 527 N Fremont Av

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Feb. 26 1847	
AGE: 59 years, 11 months, 18 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: Dietrich Haesloop	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Shoemaker	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret A Haesloop

(Address) 527 N Fremont Ave

Filed 2/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13 1907

I HEREBY CERTIFY, That I attended deceased from as a boarder 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma Pancreas

Suicide

Ten hours (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick H Harkins M.D.

Address 1002 W Lafayette Ave

Date 2/13 1907

Place of Burial Western

Date Feb. 16 1907

Undertaker George W. Little

Address 531 N. Fremont Ave.

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John Wilson 98239

{ Residence, if in Baltimore, Give Street and Number. } 606 N. Caroline St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Gulia

(Address) 606 N Caroline st

Filed 2/15 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 13- 1907 to Feb. 14 1907

that I last saw him alive on Feb 14 1907

and that death occurred, on the date stated above, at 1.20 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Peritonitis & Toxemia

Effraction Following

Intestinal obstruction

(DURATION)

Contributory (Primary.)

(DURATION)

(Signed) W.G. Dorey.

Address City Hospital

Date February 14/ 1907

Place of Burial Laurel Cemetery

Date Feb 16- 1907

Undertaker Wm S Fry

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91 V

(Place of Death.) No. 720 Bunn St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ellen Lynch 98240

{ Residence, if in Baltimore, Give Street and Number. } 720 Bunn st

Duration of Residence in Baltimore. 43 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1863

AGE: 43 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W Lucey

(Address) 725 Bunn st

Filed 2/15 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 14 1907

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to Feb 13 1907 that I last saw her alive on Feb 13 1907, and that death occurred, on the date stated above, at 7-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Chronic Bron-chitis (DURATION) — DAYS

(Signed) Benj B Hampton M.D.

Address 1216 N Carrollton Ave

Date Feb 14 1907

Place of Burial Holy Cross

Date Feb 16 1907

Undertaker Robt J Turner

Address Bonny

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 1512 E. Eager str. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Philip J. Wagner 97241

{ Residence, if in Baltimore, Give Street and Number. } 1512 E. Eager str.

Duration of Residence in Baltimore. 12 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or Country) Balt. Md.

FULL NAME OF FATHER Philip J. Wagner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Heilman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Confectioner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Williamson

(Address) 1512 E. Eager str.

Filed 2/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 13th 1907.

I HEREBY CERTIFY, That I attended deceased from August 1st 1906 to February 13th 1907

that I last saw him alive on February 13th 1907 at 11.45 A. M. and that death occurred, on the date stated above, at —— P. M.

CAUSE OF DEATH (Secondary or Immediate)

Uraemia

Chronic Interstitial Nephritis (DURATION) — DAYS

Contributory (Primary.) 10 months (DURATION) — DAYS

(Signed) Natalie A. Meyer M.D.

Address 1031 N. Caroline str.

Date February 15th 1907.

Place of Burial H. Vincent

Date Feby 18 1907

Undertaker Robt J. Turnbull

Address Bray. Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during life, or his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

61 V

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Albert August Carl Lücke

{ Residence, if in Baltimore, Give Street and Number. } 60 North German Lloyd Steamship Co

Duration of Residence in Baltimore. 7

9824/2

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH June 10 1887

AGE 19 years, 8 months, 5 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher & Co.

(Address) 6. L. Gay St

Filed 2/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 15 1907

I HEREBY CERTIFY, That I attended deceased from Jan 19 1907 to Feb 15 1907 that I last saw him alive on Feb 15 1907, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) S. Strong M.D.

Address Johns Hopkins Hospital

Date Feb 15 1907

Place of Burial 1st Evangelical Cem.

Date February 16th 1907

Undertaker H. Lauder & Son

Address 1710 Landon Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 920 Lemmon St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Alice Burns

{ Residence, if in Baltimore, Give Street and Number. } 920 Lemmon St.

Duration of Residence in Baltimore. 16 years

98243

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 1872

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Shanahan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John Burns

Address 920 Lemmon St.

Filed 2/15 1907 HARRY C. ... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1907

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Feb 13 1907

that I last saw her alive on Feb 13 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

1 year (DURATION) ..... DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) Jos. E. Moss M.D.

Address 855 Columbia Ave

Date Feb 17 1907

Place of Burial St. Peters Cem

Date Feb 16th 1907

Undertaker John A. Inman

Address Bank & Ann Sts

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes before him, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 W. Gilman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher Clifford

{ Residence, if in Baltimore, Give Street and Number. } 719 Gilman St

Duration of Residence in Baltimore. Life 98244

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Apr. 1887

AGE: 18 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Thomas Clifford

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Fogarty

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. C. Clifford

(Address) 719 W. Gilman St.

Filed 2/15 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 13 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Feb 13 1907 that I last saw h[er] alive on Feb 9 1907, and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of lungs

about 3 mo (DURATION) DAYS

Contributory (Primary.) 0 (DURATION) DAYS

(Signed) S Lane Tanneyhill M.D.

Address 1103 Madison ave

Date Feb. 14 1907

Place of Burial Bonnie Brae Cem.

Date Feb. 16th 1907

Undertaker John A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98345

CERTIFICATE OF DEATH.

(Place of Death.) No. 245 S Washington St. St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Lurie 98245

{ Residence, if in Baltimore, Give Street and Number. } 245 S Washington St

Duration of Residence in Baltimore. 1 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 80 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Emile Sayer

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Dont know

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Lurie

(Address) 245 S Washington St

Filed 2/15 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15 = 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

old age

..... (DURATION) ..... DAYS

Con ributory (Primary)

..... (DURATION) ..... DAYS

(Signed) Thos Ludlow Coroner M.D.

Address 330 1/2 Greene St.

Date 190

Place of Burial Rock Hall Kent Co. Md

Date Feb. 16th 190 7

Undertaker Jno. T. Inman

Address Bank & Lan St.

WM. J. C. DULANY CO., Baltimore

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Penn 9246

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: X.

DATE OF BIRTH: Nov. 14th 1906

AGE: ..... years, 3 months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 2/15 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to Feb 13 1907 that I last saw h-- alive on Feb 13 1907, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Marasmus

..... (DURATION) ..... DAYS

(Signed) J. K. B. Keegan M.D.

Address 1529 Park Ave

Date Feb 14th 1907

Place of Burial New Cathedral

Date Feb. 15th 1907

Undertaker Martin Kehoe's Sons

Address 116 Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roberta Beck 98247

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	W.
DATE OF BIRTH	Jan 5th 1907
AGE	..... years, 1 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 2/15 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to Feb 13 1907 that I last saw her alive on Feb 13 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Marasmus

..... (DURATION) ..... DAYS

(Signed) J K B McGeegan M. D.

Address 1529 Park Ave

Date Feb 14/07 1907

Place of Burial New Cathedral

Date Feb. 15th 1907

Undertaker Martin Fahey's Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

15 17

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Matilda Albert

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

98248

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Jan 23rd 1907

AGE: ..... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 2/16 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to Feb 13 1907

that I last saw h.. alive on Feb 13 1907,

and that death occurred, on the date stated above, at 12

.....M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Marasmus

..... (DURATION) ..... DAYS

(Signed) J K D Seegar M.D.

Address 1519 Park Ave

Date Feb 14th 1907

Place of Burial New Cathedral

Date Feb 15th 1907

Undertaker Martin Gahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Harper 98249

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Jan 22 190

AGE: ..... years, ... months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum

Filed 2/15 190 7

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st 190 7 to Feb 13 190 7

that I last saw h[illegible] alive on Feb 13 190 7,

and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) J Henry B Seegar M.D.

Address 1529 Park Ave

Date Feb 14th 1907

Place of Burial New Cathedral

Date Feb. 15th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sophia Getschey B98250

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Nov. 17th 1832

AGE: 74 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Hanover Ill

FULL NAME OF FATHER: Michael Getschey

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Getschey

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary.

(Address) Preston & Valley sts

Filed 2/15 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb: 14 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h.r alive on Feby 13 1907,

and that death occurred, on the date stated above, at 8.40 a. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho - pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Feby 14 1907

Place of Burial Holy Cross

Date 16 Feb: 1907

Undertaker Henry C. Wiedefeld

Address 914 Greenmount av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. 433 W. Conway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

B98251

Full Name May Miller

{ Residence, if in Baltimore, Give Street and Number. } 433 W. Conway St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Jan 20 1907	
AGE ..... years, ... months, 26 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country) City	
FULL NAME OF FATHER James Miller	
BIRTHPLACE OF FATHER (State or country) England	
MAIDEN NAME OF MOTHER Katie Mayer	
BIRTHPLACE OF MOTHER (State or country) Denver Col	
OCCUPATION OF DECEASED —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Miller

(Address) 433 W. Conway

Filed 2/15 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 15, 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1907 to Feb. 15, 1907 that I last saw h[e] alive on Feb. 11, 1907, and that death occurred, on the date stated above, at 7.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 26 DAYS

Contributory (Primary.) Premature Birth

(DURATION) Short time.

(Signed) Albert T. Chambers, M.D.

Address 614 N. Paca St

Date February 15, 1907

Place of Burial St. Peters Cem

Date Feb 16 1907

Undertaker Wm. J. Dulany Sons

Address Baulden & Paca

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98252

Registered No. B

City of Baltimore, (No. 1908, N. Charles St.; 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Thiemeyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 70 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Hanover Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Thiemeyer

(Address) 1908 N. Charles

Filed 2/15 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 13th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 11th 1907 to Feb 13th 1907

that I last saw him alive on Feb 13th 1907,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Heart Disease

Cardiac Dilatation (DURATION) 60 DAYS

Contributory Pulmonary oedema (DURATION) 2 DAYS

(Signed) W T Pearce M. D.

Feb 15 1907 (Address) 2105 Eden st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore — DATE OF BURIAL: Feb 16 1907

UNDERTAKER: Johnson & Hough Co — ADDRESS: 1422 Pine

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and da

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

Place of Death.) No. 701 Cumberland Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlotte Boring

{ Residence, if in Baltimore, Give Street and Number. } 701 Cumberland Court

Duration of Residence in Baltimore. Life

18253

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: white
DATE OF BIRTH: (Not Known) 1	
AGE: 79 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: (Not Known)	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Boring

(Address) 701 Cumberland Court

Filed 2/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. 15th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Age & Senility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Bond Dorsey M.D.

Address 700 Log. av. (Govans)

Date Feby. 15th 1907

Place of Burial Loudon Park

Date Feby 16 1907

Undertaker Mrs Candrea Rabbel

Address 730 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1616 N Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Virginia Griffin

{Residence, if in Baltimore, Give Street and Number.} 1616 N Lexington

Duration of Residence in Baltimore. Life

98254

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 27 1906

AGE ..... years, 2 months, 17 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Chas W Griffin

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Clara J. Taylor

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas W. Griffin

(Address) 1616 N Lex St

Filed 2/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 2 days

Contributory (Primary) Congenital Debility

(DURATION) 3 mos

(Signed) Emily Jones M.D.

Address 1616 N Lex St

Date Feb 15 1907

Place of Burial Loudon Park

Date Feby 16th 1907

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mrs Lucy Rogers 98255

{ Residence, if in Baltimore, Give Street and Number. } Buchanan, W. Va.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1864

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER ..

BIRTHPLACE OF FATHER (State or country) ..

MAIDEN NAME OF MOTHER ..

BIRTHPLACE OF MOTHER (State or country) ..

OCCUPATION OF DECEASED ..

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant E E Langley

(Address) Ma-General Hospital

Filed Feb 16th 1907

HENRY C. ANDREWS, PERMIT CLERK, Registrar

Excused

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13, 1907

I HEREBY CERTIFY, That I attended deceased from Febr 10, 1907 to Feb 13 1907

that I last saw h.. alive on Feb 13 1907

and that death occurred, on the date stated above, at 8 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Stricture of Bile duct
Gall stones & Empyema of Gall bladder.

(DURATION) DAYS

Contributory (Primary.) Toxaemia & Heart failure (DURATION) DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hosp.

Date Feb 14, 1907

Place of Burial Jane Lew W. Va.

Date Feb 15th 1907

Undertaker Wm. M. Gauntlett

Address 901 W. Baltimore

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98356

City of Baltimore, (No. 1640 N. Bond St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Conzens

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Unknown (Month) (Day) 1827 (Year)

AGE: 79 years, X months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Laurence Mulcahy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Mulcahy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Frank Conzens

(Address) 1612 Hanover St

Filed 2/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 14 1907 to Feb 14 1907 that I last saw h alive on 14 1907, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Dilitation of Heart

(DURATION) 2 Hrs

Contributory Age

(DURATION) — DAYS

(Signed) Theodore Locke M. D.

Feb 15 1907 (Address) 914 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 2/18 1907

UNDERTAKER: Evans & Spence

ADDRESS: 1811 Howard

WM. J. C. DULANY CO., BALTIMORE.

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 22 Beverly 98257 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher Wagner.

{ Residence, if in Baltimore, Give Street and Number. } 22 Beverley St.

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Nov. 28th 1845

AGE 61 years, 2 months, 17 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Wagner

(Address) 22 Beverly St

Filed 2/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to Feb 14 1907 that I last saw h[illegible] alive on Feb 13 1907, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation
Asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. B. Burch M.D.

Address 828 N. Carrollton Ave

Date Feb 15 1907

Place of Burial Holy Cross Cem. Co.

Date Feb 16 1907

Undertaker Jos. Stumbeck

Address 1318 Light St, V

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 3138 Fait Av 9825 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Esther C Wheatley

{ Residence, if in Baltimore, Give Street and Number. } 3138 Fait Av

Duration of Residence in Baltimore. 18 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH ....1....

AGE 33 years, ...7.... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Oriole Somerset Co Md

FULL NAME OF FATHER Thomas H Smith

BIRTHPLACE OF FATHER (State or country) Oriole Somerset Co Md

MAIDEN NAME OF MOTHER Catherine Pheabus

BIRTHPLACE OF MOTHER (State or country) Somerset Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A Wheatley

(Address) 3138 Fait Av.

Filed 2/16/07 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 14th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 6th 1907 to Feby 14th 1907

that I last saw h.. alive on Feby 14th 1907,

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

.... (DURATION) 1 DAYS

Contributory (Primary) Lobar Pneumonia

.... (DURATION) 7 DAYS

(Signed) C V. Rheyer M.D.

Address 2 Hudson st

Date .... 190..

Place of Burial Allen Hygeia Co Md

Date 1907

Undertaker H E Hughes

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98259

City of Baltimore, (No. 1302 Milton Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gertrude K Jenior

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec (Month) 18 (Day) 1836 (Year)

AGE: 70 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Adam Zwirgel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eva Aul

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicolaus Jenior

(Address) 1302 Milton Ave

Filed 2/16 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 5 1907 to Feb 15 1907 that I last saw h[er] alive on Feb 14 1907, and that death occurred, on the date stated above, at 8.30 A.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 10 DAYS

Contributory Cardiac Paralysis

(DURATION) ..... DAYS

(Signed) H. J. Powers M.D. M. D.

Feb 15 1907 (Address) 2571 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 18 1907
UNDERTAKER	ADDRESS
A. Frank & Son	915 N Gay

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1210 E. Chase St. 98260 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Preston Myers

{ Residence, if in Baltimore, Give Street and Number. } 1210 E. Chase St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 6th 1883

AGE 23 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John. F. Myers

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Emma Jane Server

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED Pipe - fitter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Myers

(Address) 1210 E Chase St

Filed 2/16 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28th 1906 to Feb 14th 1907 that I last saw him alive on Feb 13th 1907 and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Astro-peritoneal sarcoma

About 5 mos. (DURATION) 5 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Aisquith St

Date Feb 14th 1907

Place of Burial Balto Cem

Date Feb. 16- 1907

Undertaker Geo. M. Fink

Address 811 N. Wolfe st

WM. J. C. DULANY CO., BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98261

City of Baltimore, (No. 1844 N Spring St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leonard Marshall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Marshall

(Address) 1844 N Spring

Filed 2/16 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 12 1907 to Feb 14 1907 that I last saw him alive on Feb 14 1907, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Cardiac Insufficiency & Dropsy

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) R. P. Carman M. D.

Feb 15 1907 (Address) 1701 N Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	Feb 16 1907
UNDERTAKER	ADDRESS
H. A. Elliott	506 Eager

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98262

City of Baltimore, (No. 1131, Mason Alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Woods.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1860 (Year)

AGE: 46 years, ... months, ... days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~: widowed

BIRTHPLACE (State or country): Charles Co. Md

FULL NAME OF FATHER: Chas Woods

BIRTHPLACE OF FATHER (State or country): Charles Co. Md

MAIDEN NAME OF MOTHER: Elizabeth Cheeley

BIRTHPLACE OF MOTHER (State or country): Chas. Co. Md.

OCCUPATION OF DECEASED: Waiter & Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W. Johnson

(Address) 905 Park ave.

Filed 2/16 1907

HARRY O. ANDREWS, PERMIT CLERK and Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 14th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 16 1907 to Feb 14th 1907

that I last saw h[illegible] alive on Jan 16 1907,

and that death occurred, on the date stated above, at 12.35 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis
4 years (DURATION) ..... DAYS

Contributory Asthenia
(DURATION) ..... DAYS

(Signed) Reginald J. Tovey M. D.

Feb. 14 1907 (Address) 2206 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Feb 16 1907
UNDERTAKER	ADDRESS
R. S. & E. Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 S. Spring St 9826 St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary E Young

{Residence, if in Baltimore, Give Street and Number.} 26 S. Spring St

Duration of Residence in Baltimore. 45 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 8-9 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Hamilton Cottman

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Sara Grey

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sara Young

(Address) 26 S. Spring

Filed 2/16 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28 1907 to Feb 14 1907

that I last saw h.. alive on Feb 14 1907, 3

and that death occurred, on the date stated above, at .....

.....P.M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of the Lungs

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 20 DAYS

(Signed) Wm A. Hill M.D.

Address 664 N. Fayette St

Date Feb 16 1907

Place of Burial Salisbury Cemetery

Date Feb 17 1907

Undertaker E. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under hi ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital 7826 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Hoffman

{ Residence, if in Baltimore, Give Street and Number. } 1809 N. Dallas St.

Duration of Residence in Baltimore. Not known

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	1
AGE about 67 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) 1809 N. Dallas St.

Filed 2/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1907

I HEREBY CERTIFY, That I attended deceased from Feb 13 1907 to Feb 14 1907

that I last saw h[illegible] alive on Feb 14 1907

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) DAYS

Contributory (Primary.) Diffuse Brain Abscess + Senility (DURATION) DAYS

(Signed) Sec't. Pflueger M.D.

Address St. Josephs Hospital

Date Feb. 15 1907

Place of Burial Baltimore Cemetery

Date Feb. 16 1907

Undertaker Henry Hoerchner Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1213 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanche Ida. Publ 98265

{Residence, if in Baltimore, Give Street and Number.} as above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Thomas Charlton

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Ida Mackenheimer

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank F. Publ

(Address) 1213 Ashland Ave

Filed 2/16 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 15 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2 1907 to Feb 15 1907

that I last saw h alive on Feb 15 1907,

and that death occurred, on the date stated above, at 10 50 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia. (Tuberculosis)

Duration 10 days

Contributory (Primary.) Tuberculosis Duration 20 days

(Signed) M. L. Todd, M.D.

Address 1202 Eutaw pl

Date 2/15 1907

Place of Burial Green Mount Cemetery

Date Feb. 18 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1028 N. Monroe 98266 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Margaret Stissel

{Residence, if in Baltimore, Give Street and Number.} 1028 N. Monroe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Mar 21st 1844

AGE: 62 years, 10 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Henry Lenz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Susanna Margaret Emrich

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles J. Stissel

(Address) 1107 N. Monroe St.

Filed 2/16 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 15th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1906 to Feby 15 1907

that I last saw h[illegible] alive on Feby 14 1907,

and that death occurred, on the date stated above, at 4 07 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis Complicating
Hepatic Cancer

(DURATION) 3 1/2 Months

Contributory (Primary.)
Asthenia

(DURATION) 7 DAYS

(Signed) Henry C. Green M.D.

Address 1703 W. Fayette St

Date Feb 15 1907

Place of Burial St Paul's Cem. Catholic Wilkins ave Exp

Date Feb 17 22 1907

Undertaker Geo. Weber

Address 1155 N. Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin sq Hospital 98267 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name G. W. C. Jones

{Residence, if in Baltimore, Give Street and Number.} 608 Hanover St

Duration of Residence in Baltimore. 6 Month

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 87 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: W. C. Jones

BIRTHPLACE OF FATHER (State or country): St Mary's Co Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Jones

(Address) 608 Hanover St

Filed 2/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 16 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 12 1907 to Feb 16 1907 that I last saw h 6.45 alive on Feb 16 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

General debility
And Collapse

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry Brahmer M.D.

Address Franklin sq Hospital

Date Feb 16 1907

Place of Burial Potabella St Mary's Co Md

Date Feb 16" 1907

Undertaker Abrahams Bros

Address 515 Light

WM. J. C. DULANY CO., Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98268

City of Baltimore, (No. 2027 Wilkens Ave. St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Henry Dean

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1832 (Year)

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Zachariah Dean

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ——— Md

OCCUPATION OF DECEASED: [illegible] Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Dean

(Address) 2027 Wilkens ave

Filed 2/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 26 1906 to Feby 15 1907 that I last saw h im alive on Feby 14 1907, and that death occurred, on the date stated above, at 6.30 a. m. The CAUSE OF DEATH was as follows:

Bilious obstruction
+ Jaundice

(DURATION) 80 DAYS

Contributory Hrt failure

(DURATION) 2 DAYS

(Signed) Regular Dill M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western cemetery — DATE OF BURIAL: Feb. 17th 1907

UNDERTAKER: C. F. McCormick — ADDRESS: 1729 W. Lombard

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2205 Wilkens Ave. 98269 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Hackett

{Residence, if in Baltimore, Give Street and Number.} 2205 Wilkens Ave.

Duration of Residence in Baltimore. about 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ——— 1830

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Boland

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Hackett

(Address) 2205 Wilkens ave

Filed 2/16 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 14 1907

that I last saw h[illegible] alive on July 13 1907

and that death occurred, on the date stated above, at 6 —— M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Breast

(DURATION) 1 yr

Contributory (Primary.)

Asthenia & Hemorrhage (DURATION) 24 hrs

(Signed) Henry C. O'Neill M.D.

Address 1203 W. Fayette St

Date July 15 — 1907

Place of Burial ~~Loudon Park~~

Date July 16th — 1907

Undertaker C. F. McCormick

Address 1729 W Lombard St —

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Sq Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Augusta Straube

{ Residence, if in Baltimore, Give Street and Number. } Cor Calvin st & Yorkroad.

Duration of Residence in Baltimore... 20 yrs 98270

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 23 1851

AGE 56 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Straube

(Address) Calvin & York Road.

Filed 2/16 1907 MARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1907

I HEREBY CERTIFY, That I attended deceased from Feb 10 1907 to Feb 14 1907 that I last saw her alive on Feb 14 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia,

(DURATION) 4 DAYS

Contributory (Primary.) Septicaemia

(DURATION) DAYS

(Signed) N. G. Branham M.D.

Address Franklin Sq Hospt.

Date Feb 14 1907

Place of Burial Pattenson Cemetery

Date Feby 17 1907

Undertaker Josiah Leffler

Address 1600 N Eutaw Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH. 1147

Place of Death.) No. Church Home & Infirmary Bolton and St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dr William A. Lantz

{ *Residence, if in Baltimore, Give Street and Number.* } Mercersburg Pa

Duration of Residence in Baltimore. 98271

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 18

AGE: 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Franklin Co, Pa.

FULL NAME OF FATHER: ~~Dr H. Unger M.D.~~

BIRTHPLACE OF FATHER (State or country): ~~Wash. Co,~~

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. H. Unger M.D.

(Address) Mercersburg Pa.

Filed 2/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 15 1907

I HEREBY CERTIFY, That I attended deceased from Feb 14 1907 to Feb 15 1907 that I last saw h— alive on Feb 15 1907, and that death occurred, on the date stated above, at 6 P.M.

M. CAUSE OF DEATH (Secondary or Immediate)

Abscess under liver

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Elliott H. Hutchins M.D.

Address Church Home & Infirmary

Date Feb 15 1907

Place of Burial Mercersburg Pa.

Date Feby 16 1907

Undertaker Wm M. Lawther Jr

Address North & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 98272

Place of Death.) No. 502 N Vincent Alley St.
Infant of Lewis E and Agnes Smith
(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)
Full Name ~~Lewis E. Smith~~

{ Residence, if in Baltimore, Give Street and Number. } 502 Vincent Alley

Duration of Residence in Baltimore. Since Born

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 7th February 1907

AGE ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) 502 Vincent alley Baltimore Md.

FULL NAME OF FATHER Lewis E. Smith

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Agnes Kinnaird

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis E. Smith

(Address) 502 N Vincent Alley

Filed 2/16 1907 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 15 February 1907

I HEREBY CERTIFY, That I attended deceased from Only saw once Visit
190 to 190

that I last saw h[illegible] alive on 190

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.) Dont Know

(DURATION) DAYS

(Signed) C. C. Richardson M.D.

Address 1616 Edmondson Ave

Date 15th February 1907

Place of Burial Mt Auburn

Date Feb 16 1907

Undertaker Wm. J. Lawson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 845 St. Peters st (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Kellen Belt 98273

{Residence, if in Baltimore, Give Street and Number.} 845 St Peter st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 19 1900

AGE: 6 years, 11 months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Belt

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Sarah Green

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Belt

Address 845 St Peter st

Filed 2/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15 1907

I HEREBY CERTIFY, That I attended deceased from Jan 26 1907 to Feb 15 1907 that I last saw her alive on Feb 15 1907 and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 20 DAYS

Contributory (Primary) Asthma

(DURATION) 1 DAY

(Signed) Jos. E. Timmis M.D.

Address 866 Columbia ave

Date Feb 16 1907

Place of Burial Lounden Park

Date Feb 18 1907

Undertaker John Howan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 604 W Lombard 9827/St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Witold Jasilious

{ Residence, if in Baltimore, Give Street and Number. } 604 W Lombard st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 10 months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Carmen Jasilious

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie C Pulaski

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Jasilious

(Address) 604 W Lombard st

Filed 2/16 1907 MARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15 1907

I HEREBY CERTIFY, That I attended deceased from Jan 26 1907 to Feb 15 1907

that I last saw h~~er~~ alive on Feb 14 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 90 DAYS

Con'tributory (Primary)

~~Asthma~~ (DURATION) 14 DAYS

(Signed) J. J. Flear M.D.

Address 638 Columbia st

Date Feb 16 1907

Place of Burial Mt Olivet

Date Feb 16 1907

Undertaker John Bowan

Address 901 Bolina st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1435 Nard 2225 St. (If Death occurred in Hospital or Institution, give its Name instead Street and Number.)

Full Name Mary Elizabeth Butler

{ Residence, if in Baltimore, Give Street and Number. } 1435 Ward

Duration of Residence in Baltimore. 33yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH Dec 1866

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) St Marys Co

FULL NAME OF FATHER Wm H Butler

BIRTHPLACE OF FATHER (State or country) St Marys Co

MAIDEN NAME OF MOTHER Luinda Crowley

BIRTHPLACE OF MOTHER (State or country) St Mary's Co

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Butler

(Address) 1436 Ward St

Filed 2/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb-15 1907

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to Feb 15 1907

that I last saw h alive on 190 and that death occurred, on the date stated above, at 8 a m.

11. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 11 M 16 D

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) C Edmund Jones M.D.

Address Feb-15 1907

Place of Burial Bel Air Md

Date Feb 17th 1907

Undertaker Harry Griffith

Address Elm & Gary St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98276

City of Baltimore, (No. 1840 Hanover St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant J Henry and Rosa Ellerman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec (Month) 16 (Day) 1906 (Year)

AGE: ..... years, 1 month, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Ellermann

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Rosa Murphy

BIRTHPLACE OF MOTHER (State or country): Frederick Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Ellermann

(Address) 840 Hanover St

Filed 2/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Feb 15 1907

that I last saw her alive on / / 1907,

and that death occurred, on the date stated above, at 7.30 A.M. The CAUSE OF DEATH was as follows:

Malnutrition

Life ..... (DURATION) ..... DAYS

Contributory Asthenia

Eight days (DURATION) ..... DAYS

(Signed) A. J. Freeburn M. D.

2/15 1907 (Address) 918 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Feb 16 1907

UNDERTAKER: Bachman Bros — ADDRESS: 1534 Hanover St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 East Pleasant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew McGee 98277

{ Residence, if in Baltimore, Give Street and Number. } 105 Pleasant St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John O. McGee

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Catherine —

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Miner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Malcolm Lois

(Address) 1026 Lindenwood

Filed 2/16 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 15th 1907

I HEREBY CERTIFY, That I attended deceased from about 1st Feby 1907 to 17th Feby 1907 that I last saw him alive on 17th Feby 1907, and that death occurred, on the date stated above, at 6 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis

(DURATION) DAYS

Contributory (Primary.) Valvular disease of heart (DURATION) over 90 DAYS

(Signed) Geo. L. Reynolds M.D.

Address 809 N Charles

Date Feby 15th 1907

Place of Burial Mount Auburn

Date February 18 1907

Undertaker Jos L Cook

Address 1003 Bank

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98278

City of Baltimore, (No. 711 E. 22nd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas J. Neal

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 27th (Day) 1855 (Year)

AGE: 51 years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Sterling St. Va

FULL NAME OF FATHER: William Neal

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Mary J. Stevens

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Earle J. Carmine

(Address) 711 E 22nd St

Filed 2/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. (Month) 13th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 15th 1907 to Feb. 13th 1907

that I last saw him alive on Feb. 13th 1907,

and that death occurred, on the date stated above, at 10 10 P. M. The CAUSE OF DEATH was as follows:

Uraemic Convulsions (DURATION) 2 DAYS

Contributory Chronic Brights (DURATION) 2 years DAYS

(Signed) John C. Frick M. D.

Feb 14th 1907 (Address) 936 E Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cemetery

DATE OF BURIAL: Feb 16 1907

UNDERTAKER: E M Nickels

ADDRESS: 1201 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

tracts from Regulations of the Board of Health to secure a full

SECTION 2. *And be it further enacted and ordained*, That whe
Physician who attended during his or her last sickness, or the
the Coroner, when the case comes under his notice, to furnish within
enty-four hours after death, to the Undertaker, or other person sup
n be ascertained, the full name, sex, age, condition (whether marrie
arried or single) of the person deceased, and the cause and date of death.

full and correct record of Vital Statistics in the City of Baltimore.

whenever any person shall die in the said city it shall be the duty of

CERTIFICATE OF DEATH.

(Place of Death.) No. 2112 E Pratt St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Anna M McCosker

{Residence, if in Baltimore, Give Street and Number.} 2112 E Pratt 98279

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar. 25 1837

AGE: 69 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Jeremiah McSweeney

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Not Known.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Yours truly

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas McCosker.

(Address) 2112 E Pratt

Filed 2/16 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 15 1907

I HEREBY CERTIFY, That I attended deceased from Feb 9 1907 to Feb 15 1907 that I last saw her alive on Feb 15 1907 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid trouble pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Respiratory failure

(DURATION) 7 DAYS

(Signed) G G Rinck M.D.

Address 2000 E Baltimore st

Date February 16 1907

Place of Burial Cathedral Cemetery

Date Feb. 18 1907

Undertaker E I Francis

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98280

City of Baltimore, (No. 727 n Eden St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara Preston

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: Wh

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: F R Hall

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Mary C Mumma

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry V Preston

(Address) 727 E Eden St

Filed 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb — (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 6 1907 to Feb 15 1907

that I last saw her alive on Feb — 1907.

and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Pneumonia

about (DURATION) 10 DAYS

Contributory Asthenia

about (DURATION) 10 DAYS

(Signed) J B Bennett M. D.

190 (Address) 121-4 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Feb 17 1907

UNDERTAKER: Wm Cook — ADDRESS: 1012 E Fayette

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1214 East Preston St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katharine R Knapp 98281

{Residence, if in Baltimore, Give Street and Number.} 1214 E. Preston St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Feb 8- 1906

AGE 1 years, months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Herbert C Knapp

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Margaret Hubert

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Knapp

(Address) 1214 E. Preston St

Filed 2/16 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15- 1907

I HEREBY CERTIFY, That I attended deceased from Jan 8 1907 to Feb 15- 1907

that I last saw h- alive on Feb 14 1907

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate

Meningitis

(Tuberculous)

Ab DURATION 7 DAYS

Contributory (Primary.) Exhaustion

- (DURATION) DAYS

(Signed) John Ehrich M.D.

Address 839 N Eutaw St

Date Feb 15- 1907

Place of Burial Fayetteville N.Y. Onondaga

Date Feb 16 1907

Undertaker Wm Cook

Address 502 E Madison

WM. J. C. DULANY CO., Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98282

Registered No. B.....

City of Baltimore, (No. 2118 McCulloh St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth H. Cadow

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~1833~~ — 1833
(Month) (Day) (Year)

AGE 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James Kindler

BIRTHPLACE OF FATHER (State or country) Liverpool Eng.

MAIDEN NAME OF MOTHER Mary Ewing

BIRTHPLACE OF MOTHER (State or country) Belfast Ireland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Cadow

(Address) 2118 McCulloh St

Filed 2/16 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febr 15 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1907 to Feb. 15 1907 that I last saw her alive on Feb 15 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

La Grippe

(DURATION) 5 DAYS

Contributory Oedema and Gen Debility (DURATION) DAYS

(Signed) H. W. Slater M. D.

Feb 16 1907. (Address) 1703 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Greenmount Md | DATE OF BURIAL Feb 18 1907

UNDERTAKER Leakin & Sons | ADDRESS Camden & Cov

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr Thomas W Dawes 98283

{ Residence, if in Baltimore, Give Street and Number. } 1219 W. Baltimore St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 16th 1871

AGE: 36 years, 11 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City Md.

FULL NAME OF FATHER: Joseph Dawes

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Wilhelmina Betton

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs W. Dawes

(Address) 1219 W. Balto St

Filed 2/16 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 16th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 10th 1907 to Feb. 16th 1907

that I last saw him alive on Feb 16th 1907

and that death occurred, on the date stated above, at 4.28 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) — DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) C. F. Riggs M.D.

Address 1514 Division St

Date Feb 16th 1907

Place of Burial London Park Cemetery

Date Feb 17th 1907

Undertaker Geo J Smith Co.

Address 1500 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Home for the Aged of the M. E. Church

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Mary Ann Wilson

{ Residence, if in Baltimore, Give Street and Number. } Fulton Ave and Franklin Sts.

Duration of Residence in Baltimore. 8 yrs.

98284

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Pennsylvania.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Pennsylvania.

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Pennsylvania.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E. Meginniss

(Address) Methodist Home Supt.

Filed 2/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 15 1907

I HEREBY CERTIFY, That I attended deceased from Febry 13 1907 to Febry 15 1907 that I last saw her alive on Febry 14 1907, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) — DAYS

Contributory (Primary.) Indigestion

(DURATION) 4 DAYS

(Signed) George C. Shannon M.D.

Address 1444 Pressman St

Date Febry 16 - 1907

Place of Burial Mt Vernon Harford Co. Md

Date Feb 18th 1907

Undertaker Geo J Smith Co

Address 104 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 N 24th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilbur F Kraft 9285

{ Residence, if in Baltimore, Give Street and Number. } 803 Lemmon St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jany 16th 1859

AGE 48 years, 0 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jacob Kraft

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christiana S. Walters

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. H. Kraft

(Address) Pikesville Md.

Filed 2/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15th 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907.... 20

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Lingering (DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Charles Guttmacher M.D.

Address U. S. A. Charles m Coroner

Date Feb 16 1907

Place of Burial Loudon Park Cemetery

Date Feby 18 1907

Undertaker Stewart & Myerson Co

Address 218 Park ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98286

City of Baltimore, (No. 425 N. Hanburg St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaac H. Conner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col'd

DATE OF BIRTH: 1844 (Month) (Day) (Year)

AGE: 63 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Benjamine Conner

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Conner

(Address) 420 N Hanburg

Filed 2/16 1907

HARRY C. ANDREWS, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 2 (Month) 14th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 10th 1907 to Feb. 13th 1907

that I last saw him alive on Feb. 13th 1907,

and that death occurred, on the date stated above, at 2.50 a. m. The CAUSE OF DEATH was as follows:

Hepatitis

35 (DURATION) DAYS

Contributory —

(DURATION) DAYS

(Signed) R. M. Hall M. D.

2/16 1907 (Address) 1021 Hill ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	2/19 1907
UNDERTAKER	ADDRESS
Chas Dorsey	1570 Biddle

WM. J. C. DULANY CO., BALTIMORE.

Lash

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98287

City of Baltimore, (No. 439 W Biddle St., ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James L. Brashears

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)	
AGE: 21 years, ... months, 2 ..... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	John L Brashears
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Fannie Johnson
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L Brashears

(Address) 439 W Biddle

Filed Feb 16 1907

HARRY C. ANDREWS.
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 16 1907 to Feb 14 1907 that I last saw h[illegible] alive on Jan 18 1907, and that death occurred, on the date stated above, at 1230 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever,
about Six weeks (DURATION) DAYS

Contributory Hemorrhage of Bowel
about 2½ hours (DURATION) DAYS

(Signed) Carlton M. Cook M. D.

Feb 16 1907, (Address) 1101 W Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	2/17 1907
UNDERTAKER: Abel Hamby	ADDRESS: 57 So Eutaw

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, the **cause and date of death.**

(Place of Death.) No. 2404 Hudonis Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgia Turner

{ Residence, if in Baltimore, Give Street and Number. } 2404 Hudonis Alley

Duration of Residence in Baltimore. Six years 98286

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Jas Turner

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Jennie Carter

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Waitress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Turner

(Address) 2114 E. 25th St

Filed 2/16 1907

HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 14 1907

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to Feb 14 1907

that I last saw her alive on Feb 14 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate

Acute Phthisis

(DURATION) DATE

Contributory (Primary.)

(DURATION) DATE

(Signed) Robt G. Schmidt M.D.

Address 424 E. 25 St

Date Feb. 15 1907

Place of Burial Mt Auburn

Date Feb 16 1907

Undertaker Abel Schmidt

Address 2503 Greenmount Ave

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Bay View Asylum St.

Full Name John H. McAllister
Mrs W = H. McAllister.

{ Residence, if in Baltimore, Give Street and Number. }

98289

Duration of Residence in Baltimore.....

Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH — 1866

AGE 40 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER James McAllister

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Cooke

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Letter Holliday Sist.

(Address)

Filed 2/16 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

Laid

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 15 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1906 to Feb. 15 1907

that I last saw h.. alive on Feb. 15 1907, 9.50

and that death occurred, on the date stated above, at ..... A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary) Exhaustion

..... (DURATION) ..... DAYS

(Signed) E. R. Norris M.D.

Address Bay View Hospital

Date Feb. 15 1907

Place of Burial St Peters Cemetery

Date Feby 18 1907

Undertaker Robt J. Lynch

Address Pimlico Md.

WM. J. C. DULANY CO., BALTIMORE

And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the physician who attended the deceased during his or her last sickness, or the Coroner, when the case comes under his cognizance, within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate stating, as far as can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person and *date of death*.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2106 E Lafayette Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick Dignan

{ Residence, if in Baltimore, Give Street and Number. } 2106 E Lafayette Ave

Duration of Residence in Baltimore. 50

98290

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Mar 3 1833

AGE: 73 years, — mon[ths], — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Dominic Dignan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridgett Connors

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Dignan

(Address) 2106 E Lafayette

Filed 2/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Clerk

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14 1907

I HEREBY CERTIFY, That I attended deceased from December 29 1906 to Feb. 14 1907

that I last saw him alive on Feb. 13 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 6 Mos.

Con'ributory (Primary.) Asthenia (DURATION) 3 DAYS

(Signed) William Francis M.D.

Address 1407 N. Gay

Date Feb. 15 1907

Place of Burial Holy Cross

Date Feby 18 1907

Undertaker Robt J Turner

Address Bway. & Oliver

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Kreuzer

{Residence, if in Baltimore, Give Street and Number.} 1933 W. Lafayette Ave.

98201

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 9 1855

AGE: 51 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John M. Kreuzer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jennie Kreuzer

(Address) 1933 W Lafayette ave

Filed 2/16 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 14, 1907

I HEREBY CERTIFY, That I attended deceased from 2-9-1907 to 2-14-1907

that I last saw h alive on 2-14-1907,

and that death occurred, on the date stated above, at 12 noon

CAUSE OF DEATH (Secondary or Immediate)

Uraemia convulsions

(Operation for Intussusception (ileocolic) 2 days)

(DURATION) 24 hours

Contributory (Primary) Cystitis chronic

4 days ago (DURATION) 1 year

(Signed) H. V. Hamilton M.D.

Address Franklin Square Hospital

Date February 14 1907

Place of Burial London Park Cemetery

Date Feb 18th 1907

Undertaker George Bentz

Address 574 N Biddle St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John D'Stefano

{Residence, if in Baltimore, Give Street and Number.} 207 S. Wolfe St.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX 24 Male | COLOR white

DATE OF BIRTH 1883

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday

(Address)

Filed 7/16 1907 Registrar

HARRY C. ANDREWS, PRINTING CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 16 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 2 1907 to Feb. 16 1907

that I last saw h alive on Feb. 16 1907

and that death occurred, on the date stated above, at 5 45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) 10 DAYS

(Signed) R R Vonnie M.D.

Address Bay View Hospital

Date Feb. 16 1907

Place of Burial St Vincents Cemetery

Date Feb 18th 1907

Undertaker Germanus France

Address Bank & Wolfe Sts

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Beard.

{ Residence, if in Baltimore, Give Street and Number. } 1408 Ruttes St

Duration of Residence in Baltimore. 6 yrs. 98293

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Joe. Watson

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Celia Smith

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Beard.

(Address) 1408 Ruttes St.

Filed 2/16/07

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15 1907

I HEREBY CERTIFY, That I attended deceased from Feb 7 1907 to Feb 15 1907

that I last saw her alive on Feb 15 1907

and that death occurred, on the date stated above, at 2-0

A. M. CAUSE OF DEATH (Secondary or Immediate

Lobar Pneumonia

2 weeks (DURATION) DA

Contributory (Primary.) Tuberculosis

(DURATION) DA

(Signed) E. E. Langley M.D.

Address Md. Gen. Hosp.

Date Feb 15, 1907

Place of Burial Mt. Auburn Cemetery

Date February 17th 1907

Undertaker Celia E. Pye.

Address 122 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person duty of the Physician who attended during his or her last sickness, or the e, to furnish within **eighteen hours after death**, to the Undertaker, or ot ng forth, as far as the same can be ascertained, the **full name, sex, age** ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

98294

Full Name Beatrice Briscoe

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mul.

DATE OF BIRTH: Oct. 10 1906

AGE: — years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

I HEREBY CERTIFY, THAT THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Alexius McGlannan

2005 Madison Ave

2/19/07

HARRY O. ANDREWS
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Feb. 16 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 12 1906 to Feb. 16 1907

that I last saw h[illegible] alive on Feb. 15 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Feb. 16 1907

Place of Burial Cathedral Cemetery.

Date February 17th 1907

Undertaker Felix Kyle.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. 5217 N. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Aaron Milton Thornton

{ Residence, if in Baltimore, Give Street and Number. } 5217 N. Monroe St

Duration of Residence in Baltimore. Ten Years

98295

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	August 2nd 1877
AGE	29 years, 6 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Elijah A. Thornton
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Sarah A. Thornton
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L. A. Harrison

(Address) 5217 N. Monroe St

Filed Feb 17 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

C, S, F, le, De,

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1906 to Feb 14th 1907

that I last saw h alive on Feb 14th 1907

and that death occurred, on the date stated above, at 10.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ? DAYS

Contributory (Primary.) Asthenia

(DURATION) ? DAYS

(Signed) J. N. Cole M.D.

Address 735 N. Fulton Ave

Date February 15 1907

Place of Burial Thornton Farm Anne Arundel Co Md.

Date February 17 1907

Undertaker Mullen Fuller

Address 2013 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be
y of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his
to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat
forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso
d, and the **cause and date of death.**

(Place of Death.) No. 2138 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George E Ward 98296

{ Residence, if in Baltimore, Give Street and Number. } Carroll Co. Md.

Duration of Residence in Baltimore. a visitor since Dec. 22, '06

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	white
DATE OF BIRTH	Oct. 10th 1869
AGE	37 years, 4 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Alfred Ward
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary J. Barnes
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	~~Steam~~ Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Edwin V. Ward

(Address) Carroll Co. Md

Filed Feb 17 1907 Registrar

EGW

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 16th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hae-
morhage

..... (DURATION) ..... DAYS

Contributory (Primary.) Tuberculosis

about six yrs (DURATION) ..... DAYS

(Signed) Wilson Backus M.D.

Address 700 Lex. av. (Corner)

Date Feb. 16th 1907

Place of Burial Westminster Md

Date Feb 20 1907

Undertaker W Maurice Boulton

Address 230 N Greene St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 352 S. Smallwood St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Kecken

{ Residence, if in Baltimore, Give Street and Number. } 352 S. Smallwood st.

Duration of Residence in Baltimore. Life-time 18297

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 13 " 1905

AGE: 2 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm Kecken

BIRTHPLACE OF FATHER (State or country): Balt md

MAIDEN NAME OF MOTHER: Mary Lutz

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Kecken

(Address) 352 S Smallwood St

Filed Feb 7 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 15th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 1st 1907 to Feby 15th 1907 that I last saw her alive on Feby 14th 1907, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or immediate)

Infantile cerebral paralysis

(DURATION) 4 DAYS

Contributory (Primary.) coma

(DURATION) 2 DAYS

(Signed) E. a. Schnorr M.D.

Address 1727 W. Lombard

Date Feby 15th 1907

Place of Burial New Catholic

Date Feb 18" 1907

Undertaker N. S. Fink

Address 2113 E. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ity of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

(Place of Death.) No. 1733 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irma C Harle 98298

{Residence, if in Baltimore, Give Street and Number.} 1733 Hollins.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Wh

DATE OF BIRTH May 11 1900

AGE 6 years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Charles F Harle

BIRTHPLACE OF FATHER (State or country) U S A

MAIDEN NAME OF MOTHER Catherine Rush

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F. Harle

(Address) 1733 Hollins St

Filed Feb 17 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 15 1907

I HEREBY CERTIFY, That I attended deceased from Feby 14 1907 to Feby 15 1907 that I last saw h er alive on Feby 15 1907, and that death occurred, on the date stated above, at One P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

— (DURATION) DAYS

Contributory (Primary.) Meningitis

30 hrs (DURATION) DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins Ave

Date February 15 1907

Place of Burial Loudon Park

Date Feb 18 1907

Undertaker Low Cook

Address 150 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98299

City of Baltimore, (No. 1105 Penna. Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lizzie Spillman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 25 (Day) 1858 (Year)

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Patrick Spillman

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Glary

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Chamberwork

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Kate Smith. (Friend)

(Address) 1105 Penna. Ave.

Filed Feby 17 07

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 15 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 14 1907 to Feb. 15 1907 that I last saw h alive on Feb. 15 1907, and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia, attending tubercular of the lungs.

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) M. A. Wales M. D.

Feb. 16 190 (Address) 1711 Mad. Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Feb 18 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E. Fait

This patient has been coming to the N. W. dispensary for 2 or 3 years. Has taken much more short-a week ago. Died at home on Thursday. She [illegible]

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98300

City of Baltimore, (No. Goldsmith Lane, near Harford Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick De Ruff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 71 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. DeRuff

(Address) Goldsmith La, nr. Harford Rd.

Filed Feb 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 15 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 12, 1907 to Feb 15, 1907 that I last saw him alive on Feb 15, 1907, and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Pleuro Pneumonia

About 6 weeks (DURATION) ..... DAYS

Contributory Oedema of Lungs

About 3 weeks (DURATION) ..... DAYS

(Signed) R. R. Elwell, M. D.

Feb 16, 1907 (Address) 1241 Harford Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Johns Waverly | DATE OF BURIAL: Feb 18 1907

UNDERTAKER: Owen Cox | ADDRESS: 502 E. Hall Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

(Place of Death.) No. Md. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Jones 98301

{Residence, if in Baltimore, Give Street and Number.} 1906 Carroll ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: Colored

DATE OF BIRTH: June 1st 1902

AGE: 4 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert Jones

BIRTHPLACE OF FATHER (State or country): N. C.

MAIDEN NAME OF MOTHER: Nellie Satchel

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Jones

(Address) 1906 Carroll av.

Filed Feby 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 14th 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....,

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate)

Edema

(DURATION) 1/2 DAYS

Contributory (Primary.) accidental

Burns (DURATION) DAYS

(Signed) Allan Baldwin M.D.

Address 700 Lex. av. (Computer)

Date Feby. 14th 1907

Place of Burial M Zion Ch'm

Date Feb 18 1907

Undertaker R L Parham

Address 1213 Pennsylvania ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1024 Eastern ave — St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. Stroh — 98302

{ Residence, if in Baltimore, Give Street and Number. } 1024 Eastern ave

Duration of Residence in Baltimore. 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 15th 1846

AGE: 61 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wilhelm Stroh

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Wagner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Magdalena Stroh

(Address) 1024 Eastern Ave

Filed Feb 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15/07 190

I HEREBY CERTIFY, That I attended deceased from Jan 3 — 190 7 to Feb 15 — 190 7 that I last saw h — alive on Feb 13 190 7, and that death occurred, on the date stated above, at 8 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cortical Sis - (Valvular)

1 yr — (DURATION) DAYS

Contributory (Primary.) Cortical Sclerosis

Surgery — (DURATION) DAYS

(Signed) Jos. C. Bruner M.D.

Address 1713 Bank St

Date Feb 15/07 — 190 7

Place of Burial Cedar Hill Cemetery

Date February 17th 190 7

Undertaker H. C. Sander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person easel, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1023 S Canton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eve- Ann Poineer 9803

{Residence, if in Baltimore, Give Street and Number.} 1023- S Canton St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female- | COLOR: White

DATE OF BIRTH: 1828

AGE: 79 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore Md-

FULL NAME OF FATHER: Thomas Jenkins

BIRTHPLACE OF FATHER (State or country): Fredrick Md

MAIDEN NAME OF MOTHER: Sarah Jenkins

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: James F. Gindschell-

(Address) 1023 Canton St

Filed Feb 7 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 14th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 7th 1907 to Feby 14th 1907 that I last saw h[illegible] alive on Feby 14th 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (DURATION) 7 DAYS

Contributory (Primary) Broncho Pneumonia (DURATION) 5 DAYS

(Signed) E. V. Kelley M.D.

Address 2 Hanson Place

Date Feby 15th 1907

Place of Burial: Loudon Park Cemetery

Date 2-18- 1907

Undertaker: J. M. Gaulbrup

Address 911 N. North Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1439 Mt Royal Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Dauger

{Residence, if in Baltimore, Give Street and Number.} 1439 Mt Royal Ave

Duration of Residence in Baltimore. Life

98304

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1838

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph Dauger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Ella Robinson

BIRTHPLACE OF MOTHER (State or country): U-S-

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. H Ray

(Address) 139 Mt Royal ave

Filed Feb 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11th 1907 to Feb 16th 1907 that I last saw h[im] alive on Feb 15 1907, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

Few minutes

(DURATION) ~~DAYS~~

Contributory (Primary.) La Grippe

(DURATION) 7 DAYS

(Signed) Walton Bolgiano M.D.

Address 2020 N. Charles

Date Feb 16th, 1907

Place of Burial Loudon Park

Date 2-19-1907

Undertaker Wm H. Gauntlett

Address Watts & Linden Ave

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98305

City of Baltimore, (No. 132, South Ann St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Annie McLynn

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Jan. (Month) 17 (Day) 1862 (Year)

AGE 43 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Boyle.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Boyle

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie McLynn

(Address) 132 S. Ann St

Filed Feb 19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 15th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 12th 1907 to Feb. 15th 1907

that I last saw her alive on Feb 14th 1907.

and that death occurred, on the date stated above, at 3.20 P.M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(DURATION) 6 months

Contributory Gastritis

(DURATION) 30 DAYS

(Signed) Annie N. Bruns M. D.

Feb. 18th 1907 (Address) 5-10 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Cathedral Cem. DATE OF BURIAL Feb. 18 1907

UNDERTAKER John A Doran ADDRESS Bank Home St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 717 S Bond st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Lucas 98306

{ Residence, if in Baltimore, Give Street and Number. } 717 S Bond st.

Duration of Residence in Baltimore. 4 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 33 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M F. Sadowski

(Address) 703 S. Ann St

Filed Feby 19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sadler Comm M.D.

Address 320 E Lanvale St

Date 190

Place of Burial St Stanislaus.

Date Monday Feby 18 1907

Undertaker M F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 S Washington St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Walsh 98307

{ *Residence, if in Baltimore, Give Street and Number.* } 206 S Washington St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 67 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 206 S. Washington St.

Filed Feby 7 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 15 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Dudley Cronin M.D.

Address 320 N Green St

Date Feby. 16th 1907

Place of Burial Cathedral Cemetery

Date February 18th. 1907

Undertaker Evans & Spence.

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it ... ty of the Physician ... to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the ... forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married ... ed, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) *No.* 2031 Booth St. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Gies. 98308

{ *Residence, if in Baltimore, Give Street and Number.* } 2031 Booth St.

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louisa Milder

(Address) 521 N Fremont Ave

Filed Feby 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 15th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 5 1906 to Feby 15th 1907.

that I last saw her alive on Feby 15th 1907,

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure - asphyxia

(DURATION) 2 DAYS

Contributory (Primary.) Valvular Heart disease - old age - dropsy

(DURATION) DAYS

(Signed) E. Judson Miller M.D.

Address 2029 W. Balto

Date Feby 16th 1907.

Place of Burial Baltimore

Date Feb. 18 1907

Undertaker Geo. W. Little

Address 501 N. Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Fried, 98309

{ Residence, if in Baltimore, Give Street and Number. } 1809 N. Calhoun St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH ..... 1 .....

AGE 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Fried

(Address) 1809 N. Calhoun St

Filed Feby 19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Feb 16th 1907 that I last saw h[er] alive on Feb 16th 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of Lungs.

Pneumonia,

(DURATION) 10 DAYS

Con'tributory (Primary.) Age

(DURATION) DAYS

(Signed) F. H. Chambers M.D.

Address 16 W Franklin St

Date Feb 17/1907 1907

Place of Burial Mt Olivet Cemetery

Date Feby 18th 1907

Undertaker Hamdt Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under hi to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate r forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 904 Somerset St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Schiefer. 98310

{Residence, if in Baltimore, Give Street and Number.} 904 Somerset St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 3rd 1868

AGE: 39 years, months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thos Moory

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie Connolly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Schriefer

(Address) 904 Somerset St

Filed Feby 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 16 1907

I HEREBY CERTIFY, That I attended deceased from Feb 6 1907 to Feb 16 1907

that I last saw her alive on Feb 16 1907

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion.

(DURATION) 10 DAYS

Contributory (Primary) Lobar Pneumonia (DURATION) 10 DAYS

(Signed) M. L. Todd. M.D.

Address 1202 E. Monument St.

Date 2/16 1907.

Place of Burial St Patricks Cemetery

Date Feb 18th 1907

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Charles Snell 9231

{Residence, if in Baltimore, Give Street and Number.} 518 Orce Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Samuel Snell

BIRTHPLACE OF FATHER (State or country): Howard County Md

MAIDEN NAME OF MOTHER: Richard Ramsey

BIRTHPLACE OF MOTHER (State or country): Howard Co. Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Rosa Snell

(Address) 518 Brass alley

Filed Feb 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 6 1907 to Feb. 14 1907

that I last saw him alive on Feb. 14 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

..... (DURATION) DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) W. A. Bond, M.D.

Address City Hospital

Date February 14 1907

Place of Burial Mt Ambony

Date Feb 18 1907 1907

Undertaker Thos. B. Pyle

Address 1020 Monument St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be
ty of the Physician who attende
to furnish within **eighteen hours** during his or her last sickness, or the Coroner, when the case comes under his
forth, as far as the same can be a
ed, and the **cause and date of de**

(Place of Death.) No. 2043 E. Gilmor St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) St.

Full Name Margaret Sevilla Catherine Fraser

{Residence, if in Baltimore, Give Street and Number.} 2043. Gilmor st 98312

Duration of Residence in Baltimore. 61 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: March 4th 1828

AGE: 79 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Henry Raave

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Christina Reed

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Zell

(Address) 2043 E. Gilmor St

Filed Feb 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 16" 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11" 1907 to Feb 16 1907

that I last saw her alive on Feb 16" 1907

and that death occurred, on the date stated above, at 3.45 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis (Collapse)

(DURATION) 3 DAYS

Con'ributory (Primary.) Intussusception

(DURATION) 5 DAYS

(Signed) W Blaney M.D.

Address 1103 E. Gilmor St

Date Feb 17" 1907

Place of Burial Baltimore Cemetery

Date February 18th 1907

Undertaker F. B. Whitehill

Address Frederick Av. Edtd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ity of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate e forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

(Place of Death.) No. 343 S Strieker St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Quinn 9813

{Residence, if in Baltimore, Give Street and Number.} 343 S. Strieker St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Could not obtain

AGE About 55 Yrs. Could not obtain
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Henry Kennedy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Could not obtain

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Quinn

(Address) 343 S. Strieker St

Filed 2/17/ 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 15" 1907

I HEREBY CERTIFY, That I attended deceased from Feb 8" 1907 to Feb 15" 1907 that I last saw h er alive on Feb 15" 1907 and that death occurred, on the date stated above, at 3:45 a m. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) 1 DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) 1 DAYS

(Signed) W P Kenney M.D.

Address 110 S. Fulton Ave

Date Feb 16" 1907

Place of Burial St. Peters Cem

Date Feb- 18- 1907

Undertaker Crooley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 257 Chestnut St.; 0 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B 98314

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emmeth C Ward

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Canada

FULL NAME OF FATHER: William H Wards

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Ward

(Address) 257 Chestnut St.

Filed 2/17/1907

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. ..... (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 5 —

The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) — DAYS

Contributory Senility

(DURATION) — DAYS

(Signed) Benjamin Baughman M. D.

Feb 17 1907 (Address) 1216 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Feb 17 1907

UNDERTAKER: J A Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **forty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward XX

98315 Registered No. B 41

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leila L. Patterson

{Residence, if in Baltimore, Give Street and Number.} 437 Potomac Ave Hagerstown Md

Duration of Residence in Baltimore. 13 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 19th 1864

AGE 47 years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jno H. Stonebraker

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Laura McCardle

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. L. Patterson

(Address) Hagerstown Md

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 17th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 4th 1907 to Feb 17 1907

that I last saw h[illegible] alive on Feb 17 1907

and that death occurred, on the date stated above, at 3 P M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia.

(DURATION) DAYS

Contributory (Primary) Pneumonia (DURATION) DAYS

Colon (Lupus)

(Signed) W. L. Mitchell M.D.

Address University Hosp.

Date Feb 17th 1907

Place of Burial Hagerstown Md.

Date Feb. 18th 1907

Undertaker G. F. Wagner

Address 773 W. Lex. Av.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

Registered No. B 98316

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 600 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary B Jones
Mariella B. Jones.

{Residence, if in Baltimore, Give Street and Number.} Asheville N. C.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE ~~38~~ 35 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) N. C.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Dr Carey

Address 600 N. Broadway

Filed Feb 18th 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH FEB 17 1907 190

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Heart disease
(Dudsen)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred Ofi Carter M.D.

Address Coroners Office

Date FEB 17 1907 190

Place of Burial Asheville N. C.

Date FEB 17 1907 190

Undertaker Wm. J. Fry

Address 711 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CL

I. GENERAL DISEA

(A.) Epidemic disea

1. Typhoid fever
2. Exanthematic typhus
3. Relapsing fever
4. Malarial fever
5. Smallpox
6. Measles
7. Scarlet fever
8. Whooping cough
9. { Diphtheria / { Croup
10. Influenza
11. Miliary fever
12. Asiatic cholera
13. Cholera nostras
14. Dysentery
15. Plague
16. Yellow fever
17. Leprosy
18. Erysipelas
19. Other epidemic diseases

(B.) Other general di

20. Septicemia
21. Glanders and farcy
22. Malignant pustule and cha
23. Rabies
24. Actinomycosis, trichinosis
25. Pellagra
27. Tuberculosis of lungs
26. Tuberculosis of larynx
28. Tuberculous meningitis
29. Abdominal tuberculosis
30. Pott's disease
31. Tuberculous abscess
32. White swelling
33. Tuberculosis of other orga
34. General tuberculosis
35. Scrofula
36. Syphilis
37. Gonorrhea of the adult
38. Gonorrheal infectious of c
39. Cancer of mouth
40. Cancer of stomach and live
41. Cancer of intestines and pe
42. Cancer of genital organs
43. Cancer of breast
44. Cancer of skin
45. Cancer of other or unspecif
46. Tumor (noncancerous).
47. Acute articular rheumatism
48. Chronic rheumatism and g
49. Scurvy
50. Diabetes
51. Exophthalmic goiter
52. Addison's disease
53. Leukemia
54. Anemia, chlorosis
56. Alcoholism
57. Lead poisoning
58. Other professional intoxic
59. Other chronic poisonings
55. Other general diseases

II. DISEASES OF THE N
SYSTEM.

60. Encephalitis
61. Meningitis
62. Locomotor ataxia
63. Other diseases of spinal co
64. Apoplexy
65. Softening of brain
66. Paralysis
67. General paralysis of insane
68. Other forms of mental dise
69. Epilepsy
70. Convulsions (nonpuerperal
71. Convulsions of children
72. Tetanus
73. Chorea

DR. F. CARUTHERS,
2229 E. BALTIMORE ST.

B. 98. 316

Baltimore, Apr 11-07

To the
Health Com.
Dear Sir

In my certificate of death of Mary B Jones who died Feb. 17-07 - it should be Marietta H Jones mistake. Kindly make correction.

I beg to remain
Very Truly
Yours
Frank Caruthers MD

Sworn to this 12th day of April 1907

H. C. Brown JP

NOTARIAL SEAL
JUSTICE OF THE PEACE
BALTIMORE

Permission is granted to remove body to 224 N Bond
JAMES BOSLEY, M. D.
COMMISSIONER OF HEALTH

Ward 9 — 98317 — Registered No. B 98317

176v

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unnamed male Child of James F. & Elizabeth F. Turner

{ Residence, if in Baltimore, Give Street and Number. } Church Home & Infirmary

Duration of Residence in Baltimore. Two days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 15th 1907

AGE: — years, — months, Two days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: James Flynn Turner

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Thelin

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: New Born

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Turner

(Address) 10 Hanover & Emrich Holliday & Saratoga Sts

Filed 2/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 17 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15th 1907 to Feb 17 1907 that I last saw him alive on Feb 17 1907, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 2 DAYS

Contributory (Primary.) Different- Labor (Pelvic Dystocia) (DURATION) DAYS

(Signed) J. Morris Simmons M.D.

Address 230 W. Chase St

Date Feb 17 — 1907

Place of Burial Mount Olivet Cem

Date Feby. 18 1907

Undertaker John A Daiger

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 98318 — Registered No. B 98318

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 148 N High St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Simon Kovy (Kovy)

{Residence, if in Baltimore; Give Street and Number.} 221 N High st.

Duration of Residence in Baltimore 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Mat Kaily

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Rosenberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Kitt

(Address) 718 N Eden St

Filed 2/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17 1907

I HEREBY CERTIFY, That I attended deceased from Sudden 190 to death 190

that I last saw h — alive on — 190—

and that death occurred, on the date stated above, at 7-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. L. Hayden M.D. Coroner

Address 1216 E. Caroline st

Date Feb. 17, 1907

Place of Burial Philip Rd Rosedale

Date Feb 18, 1907

Undertaker Mat Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 98319 Registered No. B 98319

64 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 19 N. Bond St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Warksman

{ Residence, if in Baltimore, Give Street and Number. } Anne Arundel County

Duration of Residence in Baltimore. 18 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russian

FULL NAME OF FATHER Hyman Warksman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ida Samuelson

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Warksman

(Address) 19 N Bond st

Filed 2/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar ✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 7.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (Sudden)

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Joseph Carrico M.D.

Address Coroners Office

Date Feb 17-07 1907 ✓

Place of Burial Philip Rd Roosevelt Pa

Date Feb 18, 1907

Undertaker Mat Levinson

Address 113 Low st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 98320 Registered No. B 98320

CERTIFICATE OF DEATH.

(Place of Death.) No. 2205 Gallagher Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Prasch

{Residence, if in Baltimore, Give Street and Number.} 2205 Gallagher Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 18 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Frederick Prasch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Prasch

(Address) 605 S Madeira St

Filed 2/18 190 7. HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16 = 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 ... to ——— 190 ...

that I last saw h — alive on — 190 ...

and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Thomas Leuder Coroner M.D.

Address 320 ½ Greene St

Date ... 190 ...

Place of Burial Holy Redeemer

Date Feb 1907

Undertaker Mendell Doffpeder

Address 3303 Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 98321 Registered No. B 98321

CERTIFICATE OF DEATH.

(Place of Death.) No. 643 Greenmount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph P. Smith

{Residence, if in Baltimore, Give Street and Number.} 1642 Greenmount St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Afro-Am

DATE OF BIRTH: 4-15 1895

AGE: 12 years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt. City

FULL NAME OF FATHER: George L. Smith

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Florence Crawford

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George L. Smith

(Address) 643 Greenmount Ave

Filed 2/18 1907

HARRY C. ANDREWS, JR.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2-15 1907

I HEREBY CERTIFY, That I attended deceased from 2-15 1907 to 2-15 1907

that I last saw h alive on 2-15 1907,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

24 hrs. (DURATION) DAYS

Contributory (Primary.) Nephritis

Some Months (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 902 Mad. Ave

Date 2-16-07 1907

Place of Burial Mt Auburn

Date Feb 18 1907

Undertaker Alex Hunsley

Address 578 N Bucknell

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 98322 Registered No. B 98322

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. 211 S. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stewart Earl Evans

{Residence, if in Baltimore, Give Street and Number.} 211 S. Mount

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mar 29" 1905

AGE 1 years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Ellsworth Harvey Evans

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Elnora May Shaver

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellsworth Evans

(Address) 211 S. Mount

Filed 2/18 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17" 1907

I HEREBY CERTIFY, That I attended deceased from Jan 29 1907 to Feb 17" 1907 that I last saw h[illegible] alive on Feb 13" 1907 and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) 1 DAYS,

Con'ributory (Primary.) Pneumonia

(DURATION) 12 DAYS

(Signed) W B Clemens M.D.

Address 110 S. Gilmor St

Date Feb 17" 1907

Place of Burial Western Cemetery

Date Feb 19th 1907

Undertaker L. J. McCormick

Address 1729 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 — 98323 — Registered No. B 98323

10 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 934 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Lavery

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 40

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH Jan 1 1

AGE 66 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Daniel Lavery

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ann Dunnigan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry C. Wiedefeld

(Address) 914 Greenmount Ave

Filed 2/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 16 1907

I HEREBY CERTIFY, That I attended deceased from Jan 23 1907 to Feb 16 1907

that I last saw h— alive on Feb 16 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

La Grippe

(DURATION) 18 DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) 4 DAYS

(Signed) James M. Fenton M.D.

Address 1701 E. Chase St

Date Feb 17 1907

Place of Burial Cathedral Cem

Date Feb 19th 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 98324 Registered No. B 98324

CERTIFICATE OF DEATH.

(Place of Death.) No. 213 N. Patterson Park Ave (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Neff

{Residence, if in Baltimore, Give Street and Number.} 213 N Patterson Park

Duration of Residence in Baltimore. 54 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Nov. 9 1835

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Thomas Bartel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Neff

(Address) 213 N. Patterson Park Ave

Filed 2/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Cr Intst Nephritis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Geo. R. Cameron M.D.

Address Corner Nice

Date Feb. 16-07 190..

Place of Burial Holy Redeemer

Date Feb 19 1907

Undertaker Jos. J. Ecker

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 98325 Registered No. B 98325

CERTIFICATE OF DEATH.

(Place of Death.) No. 1832 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Baker

{Residence, if in Baltimore, Give Street and Number.} 1832 E. Chase

Duration of Residence in Baltimore. 61 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 28 1827

AGE 79 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Philadelphia

FULL NAME OF FATHER John G. Baker

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Schadle

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Schoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs. L. W. Nolan

(Address) 1832 E. Chase

Filed 2/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16 1907

I HEREBY CERTIFY, That I attended deceased from March 1906 to Feb 16 1907

that I last saw h[illegible] alive on Feb 16 1907

and that death occurred, on the date stated above, at 1.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

cerebral hemorrhage

(DURATION) 6 DAYS

Contributory (Primary.) second attack of cerebral hemorrhage during past year due to arterial sclerosis. (DURATION) DAYS

(Signed) W. L. Todd M.D.

Address 1302 Eutaw Pl.

Date Feb 16 1907

Place of Burial Baltimore County

Date Feb. 19 1907

Undertaker Zorkler & Zorkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98326

City of Baltimore, (No. 1810 Lancaster St.; 2nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wilhelmina Brauer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 19 1861 (Month) (Day) (Year)

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Henry Groth

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Milke

(Address) 1810 Lancaster St

Filed 2/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 17th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 11th 1907 to Feb. 17th 1907

that I last saw h er alive on Feb. 17th 1907,

and that death occurred, on the date stated above, at 11.30 a. m. The CAUSE OF DEATH was as follows:

Uraemia

(DURATION) 7 DAYS

Contributory Auto-intoxication

(DURATION) 1 DAYS

(Signed) A. F. Ries M. D.

Feb. 17th 1906 (Address) 210 S. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: 1st German Cem

DATE OF BURIAL: Feb 20 1907

UNDERTAKER: H. Nicolaus & Son

ADDRESS: 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

1826

Ward 19 — 98827 — Registered No. B 98827

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. 1536 W. Harlem Ave St.

If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Ann Anderson

{Residence, if in Baltimore, Give Street and Number.} 1536 Harlem ave

Duration of Residence in Baltimore. About 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Oct 12 1826

AGE: 81 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Jacob H Boslow

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Susie Hines

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dora Ford

(Address) 215 N. Queen St.

Filed 2/18 1907 — HARRY C. ANDREWS, CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16th 1907

I HEREBY CERTIFY, That ~~I attended~~ deceased from Jan 12 1907 to Feb 16th 1907 that I last saw h.. alive on Feb 16 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

1. Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) Mitral Regurgitation (DURATION) ? DAYS

(Signed) Vega Edmunds M.D.

Address 630 N. Gilmor St.

Date Feb 16 1907

Place of Burial Mt Auburn Md

Date Monday Feb. 18 1907

Undertaker Chas. E. Franck

Address 746 N. Eutaw St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98323

City of Baltimore, (N 1823 Baker St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Flaherty

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Jan (Month) 7th (Day) 1865 (Year)
AGE	42 years, 1 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Michael Flaherty
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Bridget Tynan
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Shirt-cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie F Flaherty

(Address) 1823 Baker St

Filed 2/18 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 12th 1906 to Feb. 15 1907 that I last saw him alive on Feb 15 1907, and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH was as follows:

Rapid Phthisis

5 months (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Chas H Barbert M. D.

Feb 16 1907 (Address) 1100 E Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 19th 1907
UNDERTAKER	ADDRESS
Albert F Bulbin	Druid Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

98329

Ward C. F. M. 98329 Registered No. B ..... 20 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay view asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Anderson

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: Feb 1847

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holly M.D. Supt.

(Address) BAY VIEW ASYLUM

Filed 2/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 17th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 14th 1907 to Feb 17th 1907 that I last saw h alive on Feb 7th 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

mitral regurgitation
chronic diffuse
nephritis

..... (DURATION) ..... DAYS

Con tributery (Primary) arteriosclerosis

..... (DURATION) ..... DAYS

(Signed) W M Andrews M.D.

Address Bay View asylum

Date Feb. 17th 1907

Place of Burial Hamil

Date Feb 19 1907

Undertaker C & F Shilbin

Address 1711 Eutaw

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8th 98330 Registered No. B 98330

150 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 316 Jefferson Lt (Homestead) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alberta Schuchardt

{Residence, if in Baltimore, Give Street and Number.} 316 Jeff. St (Homestead)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 4 th 1907

AGE — years, — months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER August Schuchardt

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Kitty Ebos

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Schuchardt

(Address) 316 Jeff St.

Filed 2/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15 th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 4 th 1907 to Feb 15 th 1907 that I last saw her alive on Feb 15 th 1907, and that death occurred, on the date stated above, at 5:40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) 11 DAYS

Contributory (Primary.) Congenital

Cardiac Trouble (DURATION) 11 DAYS

(Signed) H. L. Brown M.D.

Address 663 Fremont ave

Date Feb 17 th 1907 ✓

Place of Burial Baltimore Cemetery

Date Feb 18 1907

Undertaker E. A. Fridefeld & Son

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 98331 Registered No. B 98331

CERTIFICATE OF DEATH.

74

(Place of Death.) No. 2250 Guilford ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louise Jeamont

{Residence, if in Baltimore, Give Street and Number.} 2250 Guilford ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 12 1867

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Louis Jeamont

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Mary Higgins

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. Jeamont

(Address) 2250 Guilford Ave

Filed 2/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16 1907

I HEREBY CERTIFY, That I attended deceased from Feb 8 1907 to Feb 16 1907 that I last saw h in alive on Feb 16 1907, and that death occurred, on the date stated above, at 5 9 M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(DURATION) 1 DAYS

Contributory (Primary.) Cerebral Tumor

(DURATION) 14 DAYS

(Signed) John E Finch M.D.

Address 647 N Eutaw ave

Date Feb 16 1907

Place of Burial New Cathedral

Date Feb 19 1907

Undertaker E G Wiedefeld Jr

Address 213 Cathedral St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 98332 — Registered No. B 98332 — 28 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Rauscher

{Residence, if in Baltimore, Give Street and Number.} 1610 Clement St Locust Point

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 21st 1904

AGE: 2 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Anton Rauscher

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maria Braunbart

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Rauscher

(Address) 1610 E Clement st

Filed 2/18 1907 HARRY C. ANDREAS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 15 1907

I HEREBY CERTIFY, That I attended deceased from Feb 9 1907 to Feb 15 1907

that I last saw him alive on Feb 15 1907,

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous meningitis

Lobular pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W. MacCallum M.D.

Address Johns Hopkins Hosp

Date 2/16 1907

Place of Burial Holy Cross A. U. Co.

Date Feb 18th 1907

Undertaker Jos. Hunkeler

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT. CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79 ✓

CERTIFICATE OF DEATH.

June 18 1841

Registered No. B 98333

City of Baltimore, (No. 1120 Franklin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John William Kolb

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 18 (Day) 1841 (Year)

AGE: 65 years, 7 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Louis Kolb

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johanna Seyard

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cutter of Cut Glass

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Kolb

(Address) 1120 Franklin St

Filed 2/18 1907 HARRY C. ANDRAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 10 1907 to Feb 16 1907 that I last saw him alive on Feb 16 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Myocarditis

(DURATION) 7 DAYS

Contributory Asthenia

(DURATION) — DAYS

(Signed) William E. Burbot M. D.

Feb 16 1907 (Address) 762 Dolphin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 20 1907

UNDERTAKER: H. J. Tiekner & Sons

ADDRESS: 425 N. Gamble

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WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 — 98335 — Registered No. B 98335

CERTIFICATE OF DEATH.

(Place of Death.) No. 1507 S Charles St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lewis Norman Schaefer

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: April 27 1906

AGE: years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Lewis E Schaefer

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Ethel E Wright

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. J. Fanning.

(Address) 1460 Battery Ave

Filed 2/18 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28 1907 to Feb 15 1907 that I last saw h-- alive on Feb 15 1907, and that death occurred, on the date stated above, at 7.10 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

2 Weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. Braeklein M.D.

Address 1422 Hanover St

Date Feb 16 1907

Place of Burial Mt Olivet

Date Feb. 18th 1907

Undertaker E. J. Fanning

Address 1460 Battery ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th

Registered No. B 98334

98334

CERTIFICATE OF DEATH.

(Place of Death.) No. 1426 Hard St., St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Alberta Lathe

{Residence, if in Baltimore, Give Street and Number.} 1426 Hard St.,

Duration of Residence in Baltimore. Always.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 19 1905

AGE 4 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Walter Lathe

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Louisa Groton

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Lathe

(Address) 1426 Hard St.

Filed 2/18 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 6 1907

I HEREBY CERTIFY, That I attended deceased from Feb 3 1907 to Feb 6 1907

that I last saw h.. alive on Feb 6 1907,

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Fifth Regt. Inf. Hospital

Date February 12 1907

Place of Burial Western Cemetery

Date Feb 19th 1907

Undertaker Josiah Setzer

Address 1600 W. Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B 98336

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 E Mulberry St

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Hugh McCluskey

{ Residence, if in Baltimore, Give Street and Number. } ~~[illegible]~~ 10 E Mulberry St

Duration of Residence in Baltimore. Six Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Don't Know

AGE: about 56 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): New York. N.Y.

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): Don't Know

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Don't Know

OCCUPATION OF DECEASED: Hostler & Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert Michael

(Address) 10 E. Mulberry St.

Filed 2/18 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Saturday Feb 16th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 16th 1907 to Feb 16th 1907

that I last saw him alive on Feb 16th 1907

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Acute Apoplexy

20 hours (DURATION) DAYS

Contributory (Primary.) Locomotor Ataxia

about 10 years (DURATION) DAYS

(Signed) [illegible] M.D.

Address 607 N. Charles St

Date Feb 16th 1907

Place of Burial London Park Cem

Date 2-19 1907

Undertaker Robt Burkeson

Address 17 S Calhoun St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 98337

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98337

Registered No. B [redacted]

City of Baltimore, (No. 1521 E. Hoch Alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Pauline A Schafer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August (Month) 21 (Day) 1845 (Year)

AGE: 61 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Feight

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary A L—

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Friedmann M.D. from Family

(Address) 7 W. Franklin

Filed 2/18/07 1907 HARRY O. ANDREWS, FIRST CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 16 1906 to Feb 15 1907 that I last saw h[illegible] alive on Feb 15 1907 and that death occurred, on the date stated above, at 4.25 P. M. The CAUSE OF DEATH was as follows:

Cancer of liver

(DURATION) 5 mos DAYS

Contributory Jaundice & Cholemia

(DURATION) 1 month

(Signed) Julius Friedmann M. D.

1907 (Address) 7 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Green Mount

DATE OF BURIAL: Feb 19 1907

UNDERTAKER: E M Mitchell

ADDRESS: [illegible]

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 98338 Registered No. B 98338

814

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 Bank St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosalia Lochr

{Residence, if in Baltimore, Give Street and Number.} 1711 Bank St.

Duration of Residence in Baltimore. about 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 4th 1831

AGE: 75 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lochr

(Address) 1711 Bank St.

Filed 2/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb - 16 - 1907

I HEREBY CERTIFY, That I attended deceased from Jan - 5 1907 to Feb 16 - 1907

that I last saw her alive on Feb 13 1907

and that death occurred, on the date stated above, at .....m. CAUSE OF DEATH (Secondary or Immediate)

Senile Endocarditis + Senile Dg. Arteries.

2 yrs — (DURATION) DAYS

Contributory (Primary.) general Exhaustion

8 wks — (DURATION) DAYS

(Signed) Jno C Bonner M.D.

Address 1713 Bank St

Date Feb 17 — 1907

Place of Burial Holy Redeemer Cemetery

Date Feb. 19th 1907

Undertaker Germanus Franz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 98339 Registered No. B 98339

61 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 304 S. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leon Schlaberg

{Residence, if in Baltimore, Give Street and Number.} 304 S. Eden st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Sept 15 1906

AGE: ..... years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Schlaberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ida "

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Schlaberg

(Address) 304 S Eden st

Filed 2/18 190 ✓

HARRY O. [illegible] Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15 1907 to Feb 18 1907

that I last saw h— alive on Feb 18 1907

and that death occurred, on the date stated above, at —

11. CAUSE OF DEATH (Secondary or Immediate.)

acute bronchitis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. [illegible] M.D.

Address 16 W Baltimore

Date Feb 18 1907 ✓

Place of Burial Philip Rd Rosedale

Date Feb 19, 1907

Undertaker Mast Lemmon

Address 1138 Lowndes

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 ✓

CERTIFICATE OF DEATH.

98340

Registered No. B

City of Baltimore, (No. 1631 Orleans St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME annie Mueller

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	June 16 1865 (Month) (Day) (Year)
AGE	41 years, 7 months, 30 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Karl Fink
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Mueller

(Address) 1631 Orleans St

Filed 2/18 1907 HARRY G. [illegible] Registrar

PERMIT [illegible]

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 14 1907 to Feb 15th 1907 that I last saw h[illegible] alive on Feb 15th 1907, and that death occurred, on the date stated above, at 1925 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

several months (DURATION) DAYS

Contributory Miscarriage

in Dec 1906 (DURATION) DAYS

(Signed) G. E. Yoder M. D.

Feb 16th 1907 (Address) G. E. Yoder

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	2/19 1907
UNDERTAKER	ADDRESS
J. Henry & Son	Orleans St

✓

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98341

City of Baltimore, (No. 1016 N. Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margit A Lamb

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 22 1850 (Month) (Day) (Year)

AGE 56 years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baden

FULL NAME OF FATHER Christopher Scheppeler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Bridget O Donnell

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May Lamb

(Address) 1016 N. Broadway

Filed 2/18 1907

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 16 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 14 1907 to Feb 16 1907 that I last saw h[illegible] alive on Feb 16 1907, and that death occurred, on the date stated above, at [illegible] P.M. The CAUSE OF DEATH was as follows:

La Grippe

(DURATION) 10 DAYS

Contributory Pneumonia

(DURATION) 2 DAYS

(Signed) Geo F Taylor M. D.

Feb 17 1907 (Address) 1254 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Druid Hill | DATE OF BURIAL 2/19 1907

UNDERTAKER Evans & Spence | ADDRESS 118 N. Mt

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98342

City of Baltimore, (No. 827 Hamilton Terrace St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Saul Abercrombie.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH January 17 1844
(Month) (Day) Year)

AGE 63 years, 1 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Port Stanley, Ontario, Canada.

FULL NAME OF FATHER Thomas Daniel

BIRTHPLACE OF FATHER (State or country) Dumfries, Scotland

MAIDEN NAME OF MOTHER Mary Bond Rotherclift,

BIRTHPLACE OF MOTHER (State or country) Hampshire Co., England

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice J. Lyon

(Address) Govans Md.

Filed 2/18 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 16, 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26 1905 to Feb 16 1907
that I last saw h[er] alive on Feb 16 1907,
and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis.
2 years (DURATION) 50 DAYS
Contributory Uremic Coma
Pulmonary Oedema DAYS

(Signed) John R. Abercrombie M. D.
2/18 1907 (Address) 827 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Greenmount Cem. | DATE OF BURIAL 2/18 1907

UNDERTAKER Evans & Spence | ADDRESS 118 N. Nth. Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

98343

Registered No. B

CERTIFICATE OF DEATH.

154V

(Place of Death.) No. 611 Hanover st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Lurania Vinsant — Full Name Lurania Vansant.

{Residence, if in Baltimore, Give Street and Number.} 611 Hanover st. Balto Md.

Duration of Residence in Baltimore. Between 50 & 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 19 1809

AGE: 98 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Robt F. Preston

(Address) 611 Hanover st

Filed 2/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 17 1907

I HEREBY CERTIFY, That I attended deceased from Feby 5th 1907 to Feby 6th 1907

that I last saw her alive on Feby 6th 1907

and that death occurred, on the Feby 17 07 at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility - and consequent degenerative changes

(DURATION) years

Contributory (Primary.) Gastro-Enteritis (DURATION) 14 DAYS

(Signed) Howard D Lewis M.D.

Address 423 Hanover st

Date Feby 17/07 1907

Place of Burial Mt. Olivet

Date Feb 19 1907

Undertaker Robt J Turner

Address Reway & Olive

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 98344

CERTIFICATE OF DEATH. 98344

(Place of Death.) No. 925 Myrtle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Evelyn Louise Cornish

{ Residence, if in Baltimore, Give Street and Number. } 925 Myrtle Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female	COLOR Black
DATE OF BIRTH October 7 1906	
AGE ... years, 4 months, 10 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	William E. Cornish
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Edmonds
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Cornish

(Address) 925 Myrtle Ave

Filed 2/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 17. 1907

I HEREBY CERTIFY, That I attended deceased from Feb 14 1907 to Feb 17 1907 that I last saw h.. alive on Feb 17 1907 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. G. Stifel M.D. M.D.

Address 901 Myrtle Ave

Date Feb 17 1907

Place of Burial Mt Auburn

Date Feb. 19 1907

Undertaker Jno. A. Toadvine

Address 142 Wilkens

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98345

City of Baltimore, (No. 1802, Brunt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John A. Conlon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: June 24th (Month) (Day) 1887 (Year)

AGE: 19 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Andrew Conlon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Farrell

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Shirt maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Felix McMahon

(Address) 1802 Brunt St

Filed 2/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 18 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Feb 18 1907

that I last saw h[illegible] alive on Oct 17 1907,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Organic Heart disease
(Mitral Regurgitation)

(DURATION) 5 mos DAYS

Contributory (DURATION) DAYS

(Signed) John Chanslor M. D.

Feb 18 1907 (Address) 1911 Pa ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? V Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters Cem.

DATE OF BURIAL: Feb 20 1907

UNDERTAKER: A Fahey & Son

ADDRESS: 666 Lafayette

WM. J. C. DULANY CO., BALTIMORE.

1905 19 1887 V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 — 98346 — Registered No. B [illegible] 166 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Jno Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence Joeller

{Residence, if in Baltimore, Give Street and Number.} 2149 Vine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Jan 2 1899

AGE 8 years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Edw M Joeller

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward M Joeller

(Address) 2149 Vine St

Filed 2/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 17 1907

I HEREBY CERTIFY, That I attended deceased from as coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

Struck by an engine

(DURATION) 24 hrs

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Coroner

Address

Date 2/18 1907

Place of Burial New Cathedral

Date Feby 20 1907

Undertaker Jos B. Cook

Address 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Removal to 2149 Vine St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 98347 Registered No. B 93V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632 E. Fort ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward L. Keene

{Residence, if in Baltimore, Give Street and Number.} 1632 E. Fort ave.

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male ~~Female~~ | COLOR White

DATE OF BIRTH 10 of July 1

AGE 41 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edward L Keene

BIRTHPLACE OF FATHER (State or country) do not no

MAIDEN NAME OF MOTHER Julia Adder

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Car Preparier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Augusta Keene

(Address) 1632 E Fort Ave

Filed 2/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 16 1907

I HEREBY CERTIFY, That I attended deceased from Feby 12 1907 to Feby 16 1907 that I last saw him alive on Feby 16 1907, and that death occurred, on the date stated above, at 6:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 1 DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) 7 DAYS

(Signed) E. Judson Miller M.D.

Address 2029 W. Balg. St.

Date Feby 18 1907

Place of Burial Greenmount

Date Feb 19 1907

Undertaker Jos. Hentelecke

Address 1318 E. Fort Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98346

City of Baltimore, (No. 1701, Elizabeth Lane St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine Ann Cake

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 28 (Month) (Day) 1904 (Year)

AGE: 2 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Benj. McCabe

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Stachey Ryan

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ladder

(Address) 1701 Elizabeth Lane

Filed 2/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 17 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 16 1907 to Feb 17 1907 that I last saw h C alive on Feb 17 1907, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 1 DAYS

Contributory Meningitis

(DURATION) 1 DAYS

(Signed) H. Graham M. D.

Feb 18 1907 (Address) 1313 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Peters | DATE OF BURIAL: Feb 19 1907

UNDERTAKER: Jno. Steinbeck | ADDRESS: 1316 Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98849

City of Baltimore, (No. 1902 Walbrook Ave St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Ann Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July 26 1817
(Month) (Day) (Year)

AGE 90 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Wagner

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Maggie Dettmer

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie E Gross

(Address) 1907 Madison Ave

Filed Feb 19 1907 [illegible] CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 13 1907 to Feb 16 1907 that I last saw her alive on Feb 16 1907, and that death occurred, on the date stated above, at 8.20 P. M. The CAUSE OF DEATH was as follows:

Bronchopneumonia

(DURATION) 5 DAYS

Contributory Nephritis acute

(DURATION) 12 DAYS

(Signed) V Van Williams M. D.

Feb 16 1907 (Address) 701 N Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Westminster Md

DATE OF BURIAL Feby 19 1907

UNDERTAKER J Elmer & Co

ADDRESS 701 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 98350 Registered No. B 98350

CERTIFICATE OF DEATH.

(Place of Death.) No. 142 N. Gay str. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George A. Ritz

{Residence, if in Baltimore, Give Street and Number.} 142 N. Gay str.

Duration of Residence in Baltimore. Since Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 23 1906

AGE ..... years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER George F. Ritz

BIRTHPLACE OF FATHER (State or country) Washington, D. C.

MAIDEN NAME OF MOTHER Mary Miller

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ritz

(Address) 142 N. Gay str

Filed 2/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 17th 1907.

I HEREBY CERTIFY, That I attended deceased from February 14th 1907 to February 17th 1907

that I last saw him alive on February 17th 1907

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

1 week (DURATION) DAYS

Contributory (Primary) Rickets

(DURATION) DAYS

(Signed) Hunter H. A. Meyer M.D.

Address 1231 N Caroline str.

Date Balto. Md. February 18th 1907

Place of Burial Holy Redeemer

Date Feb. 19th 1907

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98351

City of Baltimore, (No. 1422 E. Preston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas B. Stansbury

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	May (Month) 2nd (Day) 1859 (Year)
AGE	47 years, 8 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Nathaniel Stansbury
BIRTHPLACE OF FATHER (State or country)	Balto Co Md
MAIDEN NAME OF MOTHER	Hannah A Waddell
BIRTHPLACE OF MOTHER (State or country)	Balto City
OCCUPATION OF DECEASED	House Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannah A. Enoch, Nee Stansbury

(Address) 214 Smith Ave

Filed 2/19 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 17th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 4th 1907 to Feb 17th 1907 that I last saw him alive on Feb 17th 1907, and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 13 DAYS

~~Contributory~~ (DURATION) DAYS

(Signed) Jerry Stansbury M. D.

1907 (Address) 1422 E Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Carmel	Feb 19 1907
UNDERTAKER	ADDRESS
Henry Lutz	1007 N. Bond

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 98352 Registered No. B 98352

CERTIFICATE OF DEATH.

(Place of Death.) No. 1817. E. Madison St (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Sarah Sheldt

{Residence, if in Baltimore, Give Street and Number.} 1817. E. Madison St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 12 1823

AGE 84 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Jackson

(Address) 1819 E Madison St

Filed 2/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 16 1907

I HEREBY CERTIFY, That I attended deceased from Feb 7 1907 to Feb 16 1907

that I last saw h alive on Feb 5 1907

and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) — DAYS

Con'tributory (Primary) old age

(DURATION) — DAYS

(Signed) H. S. Guy — M.D.

Address 1731 E Fayette St

Date Feb. 18 1907 1907

Place of Burial Greenmount

Date Feb 19 1907

Undertaker Chas J Smith

Address Bay, Fallsway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 98353 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2037 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Braden Silcott

{Residence, if in Baltimore, Give Street and Number.} 2037 W Lexington St

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Apr 5 1845

AGE 61 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Jas. H. Silcott

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Julia Holton

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Dealer in Live Stock

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. Edward Silcott

(Address) 7 N. Smallwood St

Filed 2/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 16th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 15 1907 to Feby 16 1907 that I last saw h[illegible] alive on Feby 15 1907, and that death occurred, on the date stated above, at 10 A M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinosis of Liver (DURATION) one year

(Signed) James Bosley M.D.

Address 1701 Hollins St

Date February 16 1907

Place of Burial Loudon Park

Date February 19 1907

Undertaker Joseph B Cook

Address 100 E W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 98394 Registered No. B

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas J. Skinner

{ Residence, if in Baltimore, Give Street and Number. } 2009 Eutaw Place

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Aug 4th 1861
AGE	45 years, 5 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	Thomas J Skinner
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Sarah Rebecca Germon
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Shaffer

(Address) Second Nat'l Bank

Filed 2/19 1907

HARRY O. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 18th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 10th 1907 to Feb. 18th 1907

that I last saw h.. alive on Feb. 18th 1907

and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) 10 DAYS

Contributory (Primary.)

Tuberculosis Pulmonary (DURATION) ?? years.

(Signed) T. E. Riggs M.D.

Address 1514 Division St.

Date Feb. 18th 1907

Place of Burial Green Mt Cemetery

Date Feby 21st 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1542

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98355

City of Baltimore, (No. 215 W. Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ann Elizabeth Marshall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 18th 1823 (Month) (Day) (Year)

AGE: 83 years, 10 months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: William Robb

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Dorothy McGuigan

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. C. Chew

, (Address) 215 W. Lanvale St

Filed 2/19 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 18th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 1 1907 to ~~Feby~~ Feby 18th 1907 that I last saw her alive on ~~Feby~~ Feby 18th 1907, and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Wasting & Exhaustion x old age

about 1 year (DURATION) DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) D. C. Chew M. D.

Feb. 18th 1907 (Address) 215 W. Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	20th Feby 1907
UNDERTAKER	**ADDRESS**
Hy W. Jenkins & Sons Co	233 W. Saratoga St

V

Ward V

98356 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 628 N. Paul Street St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name J. T Saunders Sowitz

{Residence, if in Baltimore, Give Street and Number.} 814 Ramsay St. Est.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH V V 1850

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Sowitz

(Address) 814 Ramsay St. Est

Filed 2/19 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 16 1907

I HEREBY CERTIFY, That I attended deceased from Sudden death 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 2-10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Benj. D. Haughton M.D.

Address 1216 St. Caroline St.

Date February 17, 1907.

Place of Burial Catholic Cemetery

Date April 19 1907

Undertaker Evans & Spence

Address 118 W Mt Royal Ave.

V

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 98357 Registered No. B 98357

CERTIFICATE OF DEATH.

27 V

Place of Death.) No. 157 Orleans St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John W. Thistle

{Residence, if in Baltimore, Give Street and Number.} 157 Orleans St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John W. Thistle

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Emma Elliott

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A. Thomson

(Address) 527 E Biddle St

Filed 2/19 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 16 1907 that I last saw him alive on July 16 1907, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date July 18. 1907

Place of Burial Baltimore Cemetery

Date July 20th 1907

Undertaker Wm Cook

Address 508 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward..... 98358 Registered No. B.....

CERTIFICATE OF DEATH.

27 r

(Place of Death.) No. 1979 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary V Gibson

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Jan 4 1865

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Thomas Tyler

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Cathrun Johnson

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Smith

(Address) 1929 E Monument St

Filed 2/19/1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 26 1907 to Feb 16th 1907

that I last saw her alive on Feb 16th 1907,

and that death occurred, on the date stated above, at 11.2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 30 DAYS

Contributory (Primary.) Pulmonary Tuberculosis 6 mos (DURATION) DAYS

(Signed) A. G. Rytina M.D.

Address 2204 E Monument St.

Date Feb 18 1907

Place of Burial Baltimore Cemetery

Date Feb 19 1907

Undertaker Wm F Schaeffer

Address 8 S Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 98359 Registered No. B 98359 14 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 410 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary O'Brien

{ Residence, if in Baltimore, Give Street and Number. } 410 Park Ave

Duration of Residence in Baltimore. 1 Yr

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 81 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Murray

(Address) 326 Park Ave

Filed 2/19/1907 HENRY O. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Coroner

Address

Date 2/19 1907.

Place of Burial Denton Caroline Co Md

Date 2/20/07 190

Undertaker Wm J Schilling

Address 918 Appleton St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 98360

98360

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Hyson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 67 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt. BAY VIEW ASYLUM

(Address)

Filed 2/19/1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF ~~DEATH~~ Feb. 18 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 14 1907 to Feb 18 1907

that I last saw h[illegible] alive on Feb. 18 1907

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral regurgitation
Chronic diffused
Nephritis

..... (DURATION) DAYS

Con'ributory (Primary) Cirrhosis
Alcoholism (DURATION) DAYS

(Signed) R Kolonick M.D.

Address Bay View Asylum

Date Feb. 19 1907

Place of Burial Mt Auburn

Date Feby 19 1907

Undertaker R L Parham & Co

Address 213 N Paca St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98361 Registered No. B 98301

CERTIFICATE OF DEATH.

(Place of Death.) No. 642 W. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Gant.

{Residence, if in Baltimore, Give Street and Number.} 642 W. Hoffman St.

Duration of Residence in Baltimore 3½ years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR col

DATE OF BIRTH ..... 1 .....

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) St Marys Co

FULL NAME OF FATHER John T Gant

BIRTHPLACE OF FATHER (State or country) St Marys

MAIDEN NAME OF MOTHER Jane A Beal

BIRTHPLACE OF MOTHER (State or country) St Marys Co

OCCUPATION OF DECEASED Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Martha E Gant

Address 642 W Hoffman

Filed 2/19 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19, 1907.

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1907 to Feb. 19, 1907.

that I last saw him alive on Feb. 13, 1907.

and that death occurred, on the date stated above, at 5.3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) W. Edw. Magruder, M.D.
for Dr. A. Lee Ellis

Address 922 Madison Ave

Date Feb. 19, 1907

Place of Burial St Ignatius Co.

Date Feb 21 1907

Undertaker Clarence Wright

Address 1364 Moore, Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 15 98362 Registered No. B 907

CERTIFICATE OF DEATH.

(Place of Death.) No. 1522 Windsor Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Theodore Moody.

{Residence, if in Baltimore, Give Street and Number.} 1522 Windsor Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 8 day Oct. 1904

AGE: 2 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Geo. C. Moody

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Leah Ashen

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Leah Ashen

(Address) 1522 Windsor ave

Filed 2/19/1907 HARRY O. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry. 18. 1907

I HEREBY CERTIFY, That I attended deceased from Febry 6 1907 to Febry 18 1907 that I last saw him alive on Febry 18 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Bronchitis Capillary

(DURATION) 12 DAYS

(Signed) George C. Shannon M.D.

Address 1442 Pressman St

Date Febry. 19. 1907

Place of Burial Loudon Park Cem.

Date Feb 21 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 98363 — Registered No. B 98363 — 12 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 Peach Alley — ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Shea

{Residence, if in Baltimore, Give Street and Number.} 1118 Peach Al.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 31. 1906

AGE ____ years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Edward Shea.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Catherine Donelin

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs ~~Catherine~~ Shea mother

(Address) 1118 Peach Al.

Filed 2/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 18 1907

I HEREBY CERTIFY, That I attended deceased from ____ 190 ____ to ____ 190 ____

that I last saw h ____ alive on ____ 190 ____

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Robt Leonard M.D.

Address Coroner

Date Feb 18 1907

Place of Burial St. Peters Cemetery

Date Feb. 20 1907

Undertaker Karl and Margt. G. Elgner

Address 42 S. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98364

City of Baltimore, (No. 1452, Battery av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maggie May Knight

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Mar. (Month) 15 (Day) 1884 (Year)

AGE: 22 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Jos F Knight Jr.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Idu V. Hyson.

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos F Knight Jr

(Address) 1452 Battery av

Filed 2/19 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 16th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from December 20 1906 to February 16 1907 that I last saw h cr alive on February 16 1907 and that death occurred, on the date stated above, at 11 45 P. M. The CAUSE OF DEATH was as follows:

paralysis cordis from autointoxication with streptococci staphylococci and bacteria bacilli

(DURATION) 5 DAYS

Contributory acute phthisis with presence of Streptococ Staphylococci (DURATION) 58 DAYS

(Signed) John Rosalli M. D.

Feb. 16 1907 (Address) 198 S. Fulton av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Feb. 20 1907

UNDERTAKER: E J Fanning

ADDRESS: 1460 Battery

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 98365 — Registered No. B 98365

CERTIFICATE OF DEATH.

(Place of Death.) No. 28 E Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Andrew Kibbey

{ Residence, if in Baltimore, Give Street and Number. } 28 E. Fort Ave.

Duration of Residence in Baltimore. Four Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 21st., 1848

AGE: 58 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: William Kibbey

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Elizabeth Jones

BIRTHPLACE OF MOTHER (State or country): Unknown.

OCCUPATION OF DECEASED: Gas Cleaner B & O R.R.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ralph Rutter.

(Address) 35 E. Fort Ave., Balto., Md.

Filed 2/19/1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan 9 1907 to Feb 18 1907 that I last saw him alive on Feb 18 1907 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 4 Weeks DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C O Brucklein M.D.

Address 1422 Hanover St

Date Feb 19 1907

Place of Burial Elkridge Md

Date Feb. 21, 1907

Undertaker E I Fanning

Address 1460 Battery ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98366

City of Baltimore, (No. 1629, Madison Ave St.; XII Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mendel Cohen

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	August 14 1838 (Month) (Day) (Year)
AGE	68 years, 6 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Isidor Cohen
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Lea Lehapiro
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Cyle

(Address) 1629 Madison Ave

Filed 2/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 18 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from November 1906 to February 18 1907 that I last saw him alive on February 18 1907, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Carcinoma of the liver
& pancreas

(DURATION) 4 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) A. H. A. Mayer M. D.

2/18 1907 (Address) 1618 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Hebrew	Feby 20 1907
UNDERTAKER	ADDRESS
David Sondheim	923 Eutaw St

WM. J. C. DULANY CO., BALTIMORE

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 98367 Registered No. B 98367

CERTIFICATE OF DEATH.

(Place of Death.) No. 834 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph J. Bozelicky

{Residence, if in Baltimore, Give Street and Number.} 837 N. Chapel

Duration of Residence in Baltimore. 30 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cobler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Bozelicky

(Address) 837 N. Chapel

Filed 2/19 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 18 1907

I HEREBY CERTIFY, That I attended deceased from January 29 1907 to Feb. 18 1907 that I last saw him alive on 1907, and that death occurred, on the date stated above, at 6.5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Asthma

(DURATION) 25 DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) DAYS

(Signed) William J. Rykand M.D.

Address 2008 Ashland

Date Feb. 19 07 1907

Place of Burial Holy Redeemer

Date Feb 21 1907.

Undertaker Frank Gracb

Address 1904 Gaulding ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 98368 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1903 W. Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louise Sophia H. Kemmet

{Residence, if in Baltimore, Give Street and Number.} 1903 W. Lafayette ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Apr 28 1879

AGE: 27 years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Emil Schulz

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Louise Lehmer

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Kemmet Jr

(Address) 1903 W. Lafayette ave

Filed 2/19 1907

HARRY O'ANDREWS, JR.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Feb 17 1907

that I last saw h[illegible] alive on Feb 17 1907

and that death occurred, on the date stated above, at 5:50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

(DURATION) DAYS

Contributory (Primary.) Pulmonary tuberculosis

(DURATION) DAYS

(Signed) J. Lafayette Ewell M.D.

Address 1903 W. Lafayette St

Date Feb. 19 1907

Place of Burial Loudon Park

Date Feb 20 1907

Undertaker Geo. Weber

Address 1153 W. Lanvale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 98369 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1233½ Mulliken St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Cole

{Residence, if in Baltimore, Give Street and Number.} 1233½ Mulliken St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B

DATE OF BIRTH 1880

AGE 27. years, months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Simpson

(Address) 1233½ Mulliken St

Filed 2/19/ 1907 HARRY O. ANDREWS, ~~CHIEF CLERK~~ Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 17 — 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 2.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

... (DURATION) ... DAYS

Contributory (Primary.)

... (DURATION) ... DAYS

(Signed) Joseph Carullo M.D.

Address Coroners Office

Date Feb 18—07 1907

Place of Burial Asbury

Date Feb 20th 1907

Undertaker Wm J. Jackson

Address 1421 Mulliken

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last ... sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Un... ther person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full** ... **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 98370

98370

CERTIFICATE OF DEATH.

(Place of Death.) No. Fort Ave Smith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Johnson

{Residence, if in Baltimore, Give Street and Number.} 579 W. Dallas St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1881

AGE 25 years, 6 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Richard Johnson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Annie Dade

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Mess. Boy on Ship

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Celeste Johnson

(Address) 579 W. Dallas St

Filed 2/19 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16 — 1907

I HEREBY CERTIFY, That I attended deceased from Feb 16 1907 to death 1907

that I last saw h— alive on —— 1907,

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Accidental drowning

(DURATION) — DAYS

Contributory (Primary) Slipped from dock (DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 E. Caroline St

Date Feb 19 1907

Place of Burial Asbury Cemetery

Date Feb 20th 1907

Undertaker Chas G. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 98374 Registered No. B

92V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infnt. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A. Hyland

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infnt. Asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 7th 1905. 1.4 ✗

AGE: 1 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Co. Md.

FULL NAME OF FATHER: Jas. B. Hyland

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Josephine M. Klein

BIRTHPLACE OF MOTHER (State or country): Frederick Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 2/19 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 18th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 4 1907 to Feb 18 1907

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Hemo Colitis

(DURATION) ..... DAYS

(Signed) E. H. Hayman M.D.

Address 1230 4 Cookery

Date 2/19 1907

Place of Burial St. Mary's Cemetery

Date Feby 20 1907

Undertaker Martin Funeral

Address .....

WM. J. C. DULANY CO., BALTIMORE.

EDITOR'S NOTE 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 98572 142

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leakin D. Wright

{Residence, if in Baltimore, Give Street and Number.} 533 N. Biddle St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH 1

AGE 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Ellen Wright

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Burch

(Address) 1107 Dukes Ave

Filed 2/19 1907. HARRY G. ANDREAE, HARRY GUNA, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19 1907

I HEREBY CERTIFY, That I attended deceased from Jan 14 1907 to Feb 19 1907 that I last saw him alive on Feb 19 1907, and that death occurred, on the date stated above, at 2-20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Gangrene of feet.

Pneumonia (DURATION) — DAYS

Contributory (Primary.) Tuberculosis. (DURATION) 5 DAYS

(Signed) C. D. Lemley M.D.

Address Md. Gen. Hosp.

Date Feb 19, 1907

Place of Burial Laurel Cemetery

Date Feb-22nd 1907

Undertaker J. A. Burch

Address 1107 Dukes Ave

WM. J. C. DULANY CO., BALTIMORE.

Removed to 1118 N Broadway

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

98374

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1117, Penna. Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Margaret S. Kirk

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept (Month) 26 (Day) 1825 (Year)

AGE: 81 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: -

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George F. Switzer

BIRTHPLACE OF FATHER (State or country): Balto. Co.

MAIDEN NAME OF MOTHER: Margaret Switzer

BIRTHPLACE OF MOTHER (State or country): Nurtenburg Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Guy L Hammer M.D.

(Address) 1420 Eutaw Place

Filed 2/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Feb (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to Feb 19 1907 that I last saw h er alive on Feb 18 1907, and that death occurred, on the date stated above, at 12 03 A.M. The CAUSE OF DEATH was as follows:

Carcinoma of bladder with gradual bleeding.

(DURATION) DAYS

Contributory Operation for tumor of bladder Dies 9th day after Op.

(DURATION) DAYS

(Signed) Guy L Hammer M.D.

Feb 19 1907 (Address) 14 20 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 21 1907

UNDERTAKER: Lewis F. Chaffe

ADDRESS: 716 Fulton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

98373

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 422 Dyson St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unnamed. Elizabeth Brown

{Residence, if in Baltimore, Give Street and Number.} 422 Dyson St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: ..... years, 4 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: -	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: Chas H Brown	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Sally Brown	
BIRTHPLACE OF MOTHER (State or country): Va	
OCCUPATION OF DECEASED: -	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Charles H. Brown
Pr B B Dr
Address 422 Dyson St

Filed 2/19 1907

MARY O. [illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18 1907

I HEREBY CERTIFY, That I attended deceased from As [illegible] 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.
Coroner

Address

Date 2/19 1907

Place of Burial St Peters Cemetery

Date February 20th 1907

Undertaker Felix B. Pyle

Address 102 E Hillsboro St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 98375 Registered No. B

154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1233 W Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Sherwood

{Residence, if in Baltimore, Give Street and Number.} 1233 W Lafayette ave

Duration of Residence in Baltimore. 81 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 25th 1828

AGE: 83 years, 9 months, 24 days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Belfast Ireland

FULL NAME OF FATHER: James Hamilton

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Moore

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Mrs E A McKeown

(Address) 1233 W Lafayette ave

Filed 2/20 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: FEB 19 1907 190

I HEREBY CERTIFY, That I attended deceased from Feb 10 1907 to FEB 19 1907

that I last saw h alive on Feb 18 1907

and that death occurred, on the date stated above, at 1230 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis (DURATION) DAYS

Contributory (Primary.) Acute Age (DURATION) DAYS

(Signed) Ina L Fetterhoff M.D.

Address N. E. Cor. Lafayette & Carrollton Aves.

Date FEB 19 1907 190

Place of Burial Baltimore Cemetery

Date February 21st 1907

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98376

City of Baltimore, (No. 615 N Bradford St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dora May Gross

PERSONAL AND STATISTICAL PARTICULARS

SEX: fem

COLOR: black

DATE OF BIRTH: June (Month) 19 (Day) 1906 (Year)

AGE: 0 years, 8 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: /

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Frank Burney Gross

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Elizabeth Lockman

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Gross

(Address) 615 broad ford st

Filed 2/20 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Febr. (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 10. 1907 to Febr. 15 1907

that I last saw h es alive on Feb-15 1907,

and that death occurred, on the date stated above, at 2.30 A. M. The CAUSE OF DEATH was as follows:

Bronchitis,

Bronchopneumonia

(DURATION) 39 DAYS

Contributory Miliary Tuberculosis.

(DURATION) DAYS

(Signed) Chesney M. D.

Febr. 18 1907 (Address) Johns Hopkins Hosp. City.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Cemetery	Feb 20 1907
UNDERTAKER	ADDRESS
P. K. & Sons	506 Gilmor

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 98377 — Registered No. B 98377

54 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 Hull lane St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John H Burton

{Residence, if in Baltimore, Give Street and Number.} 1122 Hull lane

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " " " "

MAIDEN NAME OF MOTHER: " " " "

BIRTHPLACE OF MOTHER (State or country): " " " "

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura J. Dimo

(Address) 1122 Hull Lane

Filed 2/20 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17 1907

I HEREBY CERTIFY, That I attended deceased from Feb 14 1907 to Feb 17 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Edema of debility

Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 E. Caroline st.

Date Feb. 18 1907

Place of Burial Laurel Cemetery

Date Wed 20 1907

Undertaker P. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98378 Registered No. B 98378

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 N. Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gerline Keys

{Residence, if in Baltimore, Give Street and Number.} 16 N. Vincent st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH Sept 15th 1905

AGE one years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Wm Keys

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Lizzie Hatch

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Keys.

(Address) 16 N. Vincent st.

Filed 2/20 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15th 1907 to Feb 18th 1907 that I last saw her alive on Feb 18 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (DURATION) 21 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Leich M.D.

Address 1313 N. Northern

Date Feb 18th 1907

Place of Burial ~~Mt Auburn Cemetery~~ Laurel

Date February 21 1907

Undertaker Fenis B. Pyle

Address 1026 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 98379 — Registered No. B 138 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Chaney.

{Residence, if in Baltimore, Give Street and Number.} 527 Mylamo Alley.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR Col.

DATE OF BIRTH Feb 1

AGE 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Mary Chaney.

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Chaney

(Address) 527 Mylamo al.

Filed 2/20 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 19 1907

I HEREBY CERTIFY, That I attended deceased from Feb 18 1907 to Feb 19 1907 that I last saw her alive on Feb 19 1907 and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate

Uremia & Toxemia

Chronic Follows Pneumonia

for Delivery.

(DURATION) DAYS

Contributory (Primary.) Eclampsia

Nephritis (DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date February 19 1907

Place of Burial Mt. Auburn

Date Feb 21 1907

Undertaker Jno H. Fraser

Address 142 Westfield St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V. 98380 Registered No. B 167 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 S. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Rebecca Warren

{Residence, if in Baltimore, Give Street and Number.} 614 S. Eutaw St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Queen Annes Co Md.

FULL NAME OF FATHER: don't know

BIRTHPLACE OF FATHER (State or country): don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lula Warren daughter

(Address) 614 S Eutaw St

Filed 2/20 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 15 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190— to ——— 190—

that I last saw h— alive on ——— 190—

and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidently burned to death, by the upsetting of a coal oil lamp.

(DURATION) DAYS

Contributory (Primary) Shock

(DURATION) DAYS

(Signed) Otto M. Eyrhart M.D.

Address Coroner

Date February 19 1907

Place of Burial Mt. Auburn

Date Feb. 20 1907

Undertaker Jno H. Toadvine

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 98381 Registered No. B 98381

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. Cor Aiken W of Eutaw St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Smith

{Residence, if in Baltimore, Give Street and Number.} 1020 Lo Sharp St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR C

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Frank Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Kate Williams

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Tucker

(Address) 1402 Mount St

Filed 2/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 18 1907

I HEREBY CERTIFY, That I attended deceased from Ac 190 Corner to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Sudden (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Corner V

Date 2/19 1907

Place of Burial Mt Auburn

Date Feb. 21 1907

Undertaker Funeral Trade

Address 1142 W Fell St

V

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3

98382

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1306 E. Lexington St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret E. Livingstone

{Residence, if in Baltimore, Give Street and Number.} 1306 E. Lexington St.

Duration of Residence in Baltimore. Born here and has never lived elsewhere

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: Col

DATE OF BIRTH: Dec. 6, 1888.

AGE: 19 years, 2 months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Charles Henry Livingstone

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Henrietta Mitchell

BIRTHPLACE OF MOTHER (State or country): Balto. City

OCCUPATION OF DECEASED: Shirt - operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Livingstone

(Address) 1306 E. Lexington St

Filed 2/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 17, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 1906 to Feb. 17 1907

that I last saw her alive on Feb. 2 1907,

and that death occurred, on the date stated above, at 12.23 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 2 DAYS

Contributory (Primary.) Cardiac Failure

(DURATION) 2 DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date Feb. 17, 1907

Place of Burial Oak Lawn Cemetery

Date FEB 20 1907 1907

Undertaker [illegible]

Address [illegible] BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98383

City of Baltimore, (No. 40 Darlington Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Ella G. Reasner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 2nd (Day) 1880 (Year)

AGE: 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Penn

FULL NAME OF FATHER: Samuel S. Reasner

BIRTHPLACE OF FATHER (State or country): Penn

MAIDEN NAME OF MOTHER: Mary L. Reasner

BIRTHPLACE OF MOTHER (State or country): Penn

OCCUPATION OF DECEASED: Milliner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L. Reasner

(Address) 640 S. Arlington Ave

Filed 2/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 9th 1907 to Feb. 18th 1907

that I last saw her alive on Feb 18 1907,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Peri nephritis abscess

(DURATION) DAYS

Contributory asthma

(DURATION) 2 DAYS

(Signed) G. B. Freeman M. D.

2/19 1907 (Address) GBF

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Feb. 24 1907

UNDERTAKER: G. F. McCormick

ADDRESS: 1729 W. Lombard

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

93V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98384

Registered No. B.....

City of Baltimore, (No. 221 N. Durham St.; 6 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lelia Diggs

PERSONAL AND STATISTICAL PARTICULARS

SEX female

COLOR Colored

DATE OF BIRTH Aug (Month) 13 (Day) 1905 (Year)

AGE 1 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Rufus Diggs

BIRTHPLACE OF FATHER (State or country) Matthews Co Va

MAIDEN NAME OF MOTHER Maggie Billups

BIRTHPLACE OF MOTHER (State or country) Matthews Co Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rufus Diggs

(Address) 221 N. Durham St

Filed 2/20 1907

HARRY C. ANDREWS, CIRCUIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 17 1907 to Feb 18 1907

that I last saw h[illegible] alive on Feb 18 1907

and that death occurred, on the date stated above, at 1130 A. M. The CAUSE OF DEATH was as follows:

Pneumonia, ... (DURATION) ..... DAYS

Contributory Cardiac Insufficiency (DURATION) 1 DAYS

(Signed) [illegible]

Feb 19 1907 (Address) 1804 E. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Leakin Lewis — DATE OF BURIAL Feb 20 1907

UNDERTAKER Theodore White — ADDRESS 1702 Eoug[illegible]

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98385

City of Baltimore, (No. 952 Frederick Rd Ext St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carroll Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm E Jones

BIRTHPLACE OF FATHER (State or country): Road Island

MAIDEN NAME OF MOTHER: Martha Jones

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Jones

(Address) 952 Frederick Rd Ext.

Filed 2/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 11. 1907 to Feb 19 1907

that I last saw him alive on Feb 19 1907

and that death occurred, on the date stated above, at 7.30 A.M. The CAUSE OF DEATH was as follows:

Acute Inflamation of Bowels (DURATION) 8 DAYS

Contributory Food could not be digested (DURATION) 12 DAYS

(Signed) E. E. Peterson M. D.

Feb 20 1907 (Address) 1013 E. Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Feb 20 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E North

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 98386 — Registered No. B [illegible] 774

CERTIFICATE OF DEATH.

(Place of Death.) No. 1350 N. Carey St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margeret C. Wilson

{Residence, if in Baltimore, Give Street and Number.} 1350 N. Carey St

Duration of Residence in Baltimore. 32 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: [illegible] 1—

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Calvert County Md

FULL NAME OF FATHER: Henry Ray.

BIRTHPLACE OF FATHER (State or country): Unknown.

MAIDEN NAME OF MOTHER: Sallie Ann Rice.

BIRTHPLACE OF MOTHER (State or country): Calvert County Md.

OCCUPATION OF DECEASED: Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos H Gray

(Address) 111 South St Orange N J

Filed 2/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 18 1907

I HEREBY CERTIFY, That I attended deceased from Febry 9 1907 to Febry 18 1907

that I last saw her alive on Febry 18 1907 7 P

and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis

(DURATION) 7 DAYS

Contributory (Primary.) Bronchitis Acute

(DURATION) 10 DAYS

(Signed) George C. Shannon M.D.

Address 1442 Presstman St

Date Febry 19 1907

Place of Burial Mt Auburn

Date Febry 20th 1907

Undertaker Abt Hamby

Address 5784 Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98387 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph Hackerman

{ Residence, if in Baltimore, Give Street and Number. } Hebrew Hospital

Duration of Residence in Baltimore. 29 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX White | COLOR Male

DATE OF BIRTH Sept. 1844

AGE 62 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Stearns

(Address) Hebrew Hospital

Filed 2/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 1907

I HEREBY CERTIFY, That I attended deceased from ~~Feb~~ June 1, 1906 to Feb 20 1907 that I last saw h~~i~~m alive on Feb 20 1907, and that death occurred, on the date stated above, at 4.00 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) ..... DAYS

Contributory (Primary) Angina Pectoris

(DURATION) 60 DAYS

(Signed) Thos. Bayley M.D.

Address Hebrew Hosp.

Date Feb. 20 1907

Place of Burial Fells Point Hebrew cem.

Date Feb 21 1907

Undertaker Jacob Ahrens & Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1124 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98388

City of Baltimore, (No. 2501 Fairmount Ave. (East) St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William J. Buckley.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. (Month) 9 (Day) 1862 (Year)

AGE: 44 years, 5 months, 9 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Michael Buckley.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Flynn.

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Policeman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address)

Filed 2/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 18th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 10 1907 to Feb 18th 1907 that I last saw him alive on Feb 17 1907, and that death occurred, on the date stated above, at 12 30 A.M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) 90 DAYS

Contributory Coma

(DURATION) 12 DAYS

(Signed) J. K. Wiley M. D.

Feb 19 1907 (Address) 724 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cem. | DATE OF BURIAL: Feb 24 1907

UNDERTAKER: Evans & Spence | ADDRESS: 1152 W. Baltimore St.

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98389

City of Baltimore, (No. 14, S. Poppleton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Seim

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. 17th. (Month) (Day) 1860 (Year)

AGE: 46 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: John H Seim

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lissette Seim

(Address) 14 S. Poppleton St

Filed 2/20 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 18th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 24th 1907 to Feb. 18 1907

that I last saw him alive on Feb. 18 1907,

and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(Duration) 25 DAYS

Contributory —

(Duration) — DAYS

(Signed) Charles Gelz, M. D.

Feb. 19 1907 (Address) 1111 W. Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Feb. 21 1907

UNDERTAKER: Frey & Benz

ADDRESS: 544 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 9830 Registered No. B .....

CERTIFICATE OF DEATH.

79 V

(Place of Death.) No. 1117 Raborg St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John W Adams

{Residence, if in Baltimore, Give Street and Number.} 1107 Raborg St

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH —

1

AGE 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S Adams

(Address) 1117 Raborg St

Filed 2/20 1907 MARY C. ANDREWS, PERMIT CLERK Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 18 1907

I HEREBY CERTIFY, That I attended deceased from 2-6- 1907 to 2-18- 1907 that I last saw him alive on 2-18 1907, and that death occurred, on the date stated above, at 6.47 a. m. CAUSE OF DEATH (Secondary or Immediate)

asthma Dropsy

Contributed

4 months (DURATION) 11 DAYS

Contributory (Primary) Heart

4 months (DURATION) 11 DAYS

(Signed) Dr Ph Bernard M.D.

Address 7c & Ensor St

Date Feb 18 - 1907

Place of Burial: Mt Auburn V

Date Feb 20th 1907

Undertaker Alfred J. Friedman

Address 106 North Schroeder St

V

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 98391 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 101 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas L Thomas

{Residence, if in Baltimore, Give Street and Number.} 101 E Monument st

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 3rd 1861

AGE: 45 years, 10 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Wales

FULL NAME OF FATHER: not Known

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Auctioneer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cornelia A. Thomas

(Address) 101 E. Monument St

Filed 2/20 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 19th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 16th 1907 to Feby 19th 1907

that I last saw him alive on Feby 19th 1907

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Wm. F. Lockwood M.D.

Address 8 E. Eager St

Date Feb 20 1907

Place of Burial Baltimore Cary

Date Feb 24th 1907

Undertaker Stewarts Incorporated

Address 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Dr Lockwood & Eager

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 98302 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 115. Wmulberry St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name. Archelinnia R. Mattson

{Residence, if in Baltimore, Give Street and Number.} 115. Wmulberry St.

Duration of Residence in Baltimore. 10 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jany 25th 1877

AGE: 30 years, months, 21 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Sweden

FULL NAME OF FATHER: Carl Rossell

BIRTHPLACE OF FATHER (State or country): Sweden

MAIDEN NAME OF MOTHER: Christ Knows

BIRTHPLACE OF MOTHER (State or country): Sweden

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carl Mattson

(Address) 115. Wmulberry

Filed 2/20 1907 MARY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Tuesday Feb 19th 1907

I HEREBY CERTIFY, That I attended deceased from February 5th 1907 to Feb 19th 1907

that I last saw him alive on Feb 19th 1907, and that death occurred, on the date stated above, at 11:25 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Gradual (DURATION) DAYS

Contributory (Primary.) Tubercular Lungs

several months (DURATION) DAYS

(Signed) Eastlick M.D.

Address 607. N. Charles St.

Date Feb 19th 1907

Place of Burial London Park Cy

Date Feby 23rd 1907

Undertaker Stewart & Warren Co

Address 275 Park ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — Baltimore.

98393 — Registered No. B 98393

CERTIFICATE OF DEATH.

(Place of Death.) No. N. E. cor North & Thomas ave's St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Josephine Grebble Crowl

{Residence, if in Baltimore, Give Street and Number.} North & Thomas aves

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 10th 1830

AGE: 76 years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Benjamin Grebble

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Ellen Hatten

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E. Chism

(Address) North & Thomas aves

Filed 2/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 18th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1907 to Feb 18 1907

that I last saw her alive on Feb 14 1907

and that death occurred, on the date stated above, at 1-10 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Synopé

(DURATION) DAYS

Contributory (Primary.) Softening of brain

+ old age (DURATION) DAYS

(Signed) Henry Chandlee M.D.

Address 742 W. North ave

Date Feby 18th 1907

Place of Burial London Park Cem

Date Feby 21st 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

ard ..... istered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 810 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Laber 98394

{Residence, if in Baltimore, Give Street and Number.} 810 Durham st N.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank Laber

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Anna Klipstein

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Laber

(Address) 810 N Durham

Filed 7/20 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19 1907

I HEREBY CERTIFY, That I attended deceased from Decemb 13 1906 to Feb 20 1907 that I last saw h alive on Feb 19 - 07, and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

5 Months (DURATION) DAYS

Contributory (Primary.)

Cardiac Asthenia (DURATION) 2 DAYS

(Signed) William J Kipsanek M.D.

Address 902 S Highland Ave

Date Feb. 20. 1907

Place of Burial: St Adalbertus

Date Feb. 22 1907

Undertaker Frank Brach

Address 1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B 98395

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William J. Greenwood

{Residence, if in Baltimore, Give Street and Number.} 1807 N. Broadway

Duration of Residence in Baltimore. 2

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1836

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Greenwood

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Emerentia Greenwood

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Hatter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 2/20 1907

REGISTRAR CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 19th 1907

I HEREBY CERTIFY, That I attended deceased from Novr 1906 to — 190—

that I last saw him alive on Feby 19 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of bladder

(DURATION) 12 DAYS

Contributory (Primary) Exhaustion (DURATION) — DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date July 22 1907

Place of Burial Greenmount

Date July 22 1907

Undertaker Robt J. Simpson

Address Broadway & Eliza

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 98816 Registered No. B 98816

CERTIFICATE OF DEATH. 27 V.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pasquale Principio

{Residence, if in Baltimore, Give Street and Number.} 401 S Eden St.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: — 1870

AGE: 36 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant

Address

Filed 2/20 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 22 1907 to Feb. 19 1907

that I last saw h— alive on Feb. 19 1907

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

(DURATION) DAYS

Con ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Feb. 19 1907

Place of Burial St. Vincents

Date Feby 20 1907

Undertaker Robt. J. Turner

Address Bray, Va.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 548 Orchard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Informt Johna Ida

Full Name ~~Baby~~ Mennuly.

{ Residence, if in Baltimore, Give Street and Number. } 548 Orchard St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH Feb 16 - 1907

AGE ..... years, ... months, 1 + days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) md.

FULL NAME OF FATHER John A Mennuly.

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Ida Bailey.

BIRTHPLACE OF MOTHER (State or country) Marylaind.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/20 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17 — 1907

I HEREBY CERTIFY, That I attended deceased from Feb 17 1907 to Feb 17 - 1907 that I last saw her alive on Feb 17 - 1907, and that death occurred, on the date stated above, at 11.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Umbilical Cord -

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion -

..... (DURATION) ..... DAYS

(Signed) H Blanc M.D.

Address 622 W Lanvale St.

Date Feb - 17 - 1907

Place of Burial COLLEGE OF P. & S

Date FEB 18 1907 190....

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., Baltimore

FOR ANATOMICAL PURPOSES

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1002 Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Lynn. 98398

{Residence, if in Baltimore, Give Street and Number.} 1002 Monroe St.

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lavinia Hutchins

(Address) 1003 Stricker St.

Filed 2/20 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 17th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate) Heart Disease

Pneumonia (DURATION) DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) Silas Bradshaw M.D.

Address 700 Lafayette Ave

Date July 17th 1907

Place of Burial COLLEGE OF P. & S

Date FEB 19 1907 190 ...

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPO

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B 98399

CERTIFICATE OF DEATH.

93V

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Green

{Residence, if in Baltimore, Give Street and Number.} 31 Guilford Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR Col.

DATE OF BIRTH —1—

AGE 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S—

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 8 1907 to Feb. 14 1907 that I last saw h[illegible] alive on Feb 14 1907 and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 8 DAYS

(Signed) W. A. Sorey M.D.

Address City Hospital

Date February 14 1907

Place of Burial COLLEGE OF P. & S

Date FEB 19 1907 190

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 98400 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Mc Guity

{Residence, if in Baltimore, Give Street and Number.} ~~Life~~ St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Feb. 11 1907

AGE ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vincents Inf. Asy.

Filed 2/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 14th 1907 to Feb 19 1907 that I last saw her alive on Feb 18 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enterostenosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Marasmus

..... (DURATION) ..... DAYS

(Signed) J. K. B. Deegan M.D.

Address 1529 Park Ave

Date Feb 19th 1907

Place of Burial New Cathedral

Date Feb. 20th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 98401

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infft. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Nelson

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infft. Asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Jan 1st 1907

AGE: ..... years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum

Filed 2/20 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 14 1907 to Feb 18 1907 that I last saw him alive on Feb 17 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1428 Caroline

Date Feb. 19th 1907

Place of Burial New Cathedral

Date Feb. 20th 1907

Undertaker Martin Bakey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

98402 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infl. Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Keenan

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infl. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	Jan. 22nd. 1907
AGE	..... years, ... months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vincents Infl Asy.

Filed 2/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 22 1907 to Feb 19 1907 that I last saw h.. alive on Feb 15 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1437 Eutaw

Date 190

Place of Burial New Cathedral

Date Feb. 20th 1907

Undertaker Martin Fahey & Sons.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

CERTIFICATE OF DEATH.

9 V V

(Place of Death.) No. 911 Wagon alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgiana Johnson

{ Residence, if in Baltimore, Give Street and Number. } (V.s)

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Black.
DATE OF BIRTH: ? 1	
AGE: 2 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Albert Johnson	
BIRTHPLACE OF FATHER (State or country): U.S.A.	
MAIDEN NAME OF MOTHER: Isabella Morgan	
BIRTHPLACE OF MOTHER (State or country): U.S.A.	
OCCUPATION OF DECEASED: ———	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Morgan

(Address) 7-- Pine Street

Filed 2/20 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 16th Feby 1907

I HEREBY CERTIFY, That I attended deceased from Feb 9 1907 to Feb 16 1907 that I last saw her alive on " " 1907, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. R. Tarleyhill jr M.D. Coroner's Physician

Address 1103 Madison Ave

Date 18/II/07 1907

Place of Burial Laurel Cem

Date Feb 21 1907

Undertaker Geo H Hooper

Address 609 Little Pacast

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and **the cause and date of death.**

Ward 7 — 98404 — Registered No. B ... 16

CERTIFICATE OF DEATH.

(Place of Death.) No. 1019 S. Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Ross

{Residence, if in Baltimore, Give Street and Number.} 1019 S. Howard

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colard

DATE OF BIRTH: 1

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Tailer island md

FULL NAME OF FATHER: Robert Ross

BIRTHPLACE OF FATHER (State or country): Tayler island

MAIDEN NAME OF MOTHER: Lucasy Cooper

BIRTHPLACE OF MOTHER (State or country): tailor island md

OCCUPATION OF DECEASED: Laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fosk

(Address) 609 L Pacas St

Filed 2/20 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Febuary 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan 21 1907 to Feb 18 1907 that I last saw him alive on Feb 18 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(DURATION) (?) DAYS

Contributory (Primary.) ... (DURATION) ... DAYS

(Signed) H S McCard M.D.

Address 136 w Hill St

Date Feb 20 1907

Place of Burial Laurel cemtey

Date Feb 21 1907

Undertaker Geo E Hooker

Address 609 L Pacas St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH.

Registered No. B 98405

City of Baltimore, (No. 308, S Exeter St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel Nachamowitz

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Joe Fingold

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rosa Berkowitch

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Nachamowitz

(Address) 308 S Exeter St

Filed 2/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 1906 to Feb 19 1907

that I last saw h[er] alive on ..... 190..,

and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Eighteen Months (DURATION) DAYS

Contributory diarrhoea

Eight do (DURATION) DAYS

(Signed) A. J. Feldman M. D.

2/20 1907 (Address) 918 E Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Auburn Blair Rd	Feb 22 1907
UNDERTAKER	ADDRESS
Max Levinson	1138 Low St

WM. J. C. DULANY CO., BALTIMORE

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 98406 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 203 N. Spring St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susie Banks

{Residence, if in Baltimore, Give Street and Number.} 203 N. Spring St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Banks

(Address) 203 N Spring

Filed 2/20 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19 — 1907

I HEREBY CERTIFY, That I attended deceased from ....1900.... to ....1900....

that I last saw h.... alive on ....1900....,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

....(DURATION).... DAYS

Contributory (Primary.)

....(DURATION).... DAYS

(Signed) Fredk Cummins M.D.

Address Corner NE

Date Feb 20 07 1900

Place of Burial Laurel

Date February 21 — 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98407

Registered No. B.....

City of Baltimore, (No. 1713, Peabody St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: c

DATE OF BIRTH: Feby (Month) 18 (Day) 1907 (Year)

AGE: 39 years, ___ months, ___ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Madison Taylor

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Anna Taylor

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Taylor

(Address) 1213 Peabody

Filed 2/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 24 1907 to Feby 18 1907 that I last saw h[illegible] alive on Feby 18 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Hepatic Congestion - Dyspepsia of several months (DURATION) ... DAYS

Contributory Pneumonia (DURATION) ... DAYS

(Signed) Walter H. White M. D.

Feby 19 1907 (Address) 1107 W Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? Old Point Comfort Va

PLACE OF BURIAL OR REMOVAL: Black Stone Va Southern Depot

DATE OF BURIAL: Feb 21 1907

UNDERTAKER: R A Elliott

ADDRESS: 506 Royer Av

Ward .....

Registered No. 6/v

CERTIFICATE OF DEATH.

(Place of Death.) Johns Hopkins Hospital St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number. 98408

Full Name William Stark

{Residence, if in Baltimore, Give Street and Number.} 1513 Fairmount Ave

Duration of Residence in Baltimore. 8 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 16 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER George Stark

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Julius Grod

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G Stark

(Address) 1613 Fairmount Ave

Filed 2/21 1907

HARRY C. ANDREAS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 1907

I HEREBY CERTIFY, That I attended deceased from Feb 17 1907 to Feb 20 1907 that I last saw him alive on Feb 20 1907, and that death occurred, ~~on the date stated above~~ at 11 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) S. S Krauss M.D.

Address Johns Hopkins Hospital

Date Feb 20 1907

Place of Burial Philip Rd Road Dale

Date Feb 21 1907

Undertaker Wm Levinson

Address 135 Low st

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — 9849 — Registered No. 3 — 27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1623 Penna Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John R. Berry.

{Residence, if in Baltimore, Give Street and Number.} 1623 Penna Ave

Duration of Residence in Baltimore. 18 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 5th 1870

AGE 36 years, 11 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Richmond Va

FULL NAME OF FATHER Andrew Berry

BIRTHPLACE OF FATHER (State or country) not Known

MAIDEN NAME OF MOTHER Martha Adams

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Dentist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Charlotte Berry

(Address) 1623 Penna ave

Filed 2/21 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 20 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Feb. 20 1907

that I last saw him alive on Feb 20 1907,

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate) Tuberculosis

(DURATION) 1 yr DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno Eberly M.D.

Address 701 Park ave

Date Feb 24 1907

Place of Burial ~~London Park Cy~~ Druid Ridge Cy

Date Febry 22nd 1907

Undertaker Stewart & Nowell

Address 215 Park ave

WM. J. C. DULANY CO., Baltimore.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 98410 Registered No. B 98410

CERTIFICATE OF DEATH.

(Place of Death.) No. Chestnut & Lexington sts St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Hardy

{Residence, if in Baltimore, Give Street and Number.} 227 S. Bethel St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1

AGE 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo Hardy

BIRTHPLACE OF FATHER (State or country) Dont Know

MAIDEN NAME OF MOTHER Annie Jones

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hardy

(Address) 812 Low St

Filed 2/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18 1907

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11-13 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D. Hopkins M.D.

Address 216 N. Carolina St

Date Feb. 19 1907

Place of Burial Mt Zion 2nd

Date Feb 22 1907

Undertaker Wm J. G. Jackson

Address 1721 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98411

Registered No. B.....

City of Baltimore, (No. 1705 N. Bradford St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Edward Spangler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 11 1871 (Month) (Day) (Year)

AGE: 36 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): York Pa.

FULL NAME OF FATHER: George Algenfitz Spangler

BIRTHPLACE OF FATHER (State or country): York Co. Pa.

MAIDEN NAME OF MOTHER: Mary Jane Tyson.

BIRTHPLACE OF MOTHER (State or country): York Pa.

OCCUPATION OF DECEASED: Steam Fitter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lenora W. Spangler

(Address) 448 Luzerne Ave.

Filed 2/21 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 19 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 31 1906 to Feb. 19 1907

that I last saw him alive on Feb 18 1907

and that death occurred, on the date stated above, at 7.33 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis
Pulmonary Hemorrhage.
1 Year (DURATION) DAYS

Contributory Asthma

(DURATION) DAYS

(Signed) Alfred Ullman M. D.

Feb. 20 1907 (Address) 1526 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Feb. 23 1907

UNDERTAKER: Armstrong Denny Co.

ADDRESS: 715-17 Light St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

98132 Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1622 Elizabeth Lane St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hemetta Fallen.

{ Residence, if in Baltimore, Give Street and Number. } 1622 Elizabeth Lane.

Duration of Residence in Baltimore. about 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white.

DATE OF BIRTH: May 3 1835

AGE: 71 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Herwagen

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Fallen

(Address) 1622 Elizabeth lane

Filed 2/ 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 13th 1907 to Feb 19th 1907

that I last saw h... alive on Feb 19th 1907

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) T. O'Donnell M.D.

Address 1340 Schroeder

Date Feb 19th 1907

Place of Burial St Paulus

Date Feb 22d 1907

Undertaker J. D. Hunteloch

Address 318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 9843 Registered No. B 32 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas R. Hutchinson

{ Residence, if in Baltimore, Give Street and Number. } 323 N. Mount St ~~Franklin Sq Hospital~~

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Nov 4 1889

AGE 17 years, months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore md

FULL NAME OF FATHER Thomas Kendall Hutchinson

BIRTHPLACE OF FATHER (State or country) Baltimore md

MAIDEN NAME OF MOTHER Lizzie Haistead

BIRTHPLACE OF MOTHER (State or country) Baltimore md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas R. Hutchinson

(Address) 323 N. Mount St

Filed 2/21 190 7 HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 190 7

I HEREBY CERTIFY, That I attended deceased from Dec 17 1906 to Feb 20 1907 that I last saw h~~im~~ alive on Feb 20 1907, and that death occurred, on the date stated above, at 1 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Pleura.

(DURATION) 70 DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) J. A. H. Buxton M.D.

Address 2200 Eutaw Pl

Date Feb 20. 1907

Place of Burial Mount Olivet

Date Feb 23d 1907

Undertaker Jos. Huntenberg

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 98414 — Registered No. B ..... 91 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 834 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Carter

{Residence, if in Baltimore, Give Street and Number.} 834 N. Carey St

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	Jan 8th 1823
AGE	84 years, 1 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Harry Carter
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry A Carter

(Address) 834 N Carey St

Filed 2/21 1907

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Feb 18 1907 that I last saw him alive on Feb 18 1907, and that death occurred, on the date stated above, at 5:30 a.m. CAUSE OF DEATH (Secondary or Immediate)

~~Diarrhoea~~ Bronchitis

Cirrhosis Sclerosis

(DURATION) 40 DAYS

Contributory (Primary.) Bronchitis & Diarrhoea (DURATION) 10 DAYS

(Signed) H. E. Knipp M.D.

Address 1002 N. Ramsay

Date Feb 19 1907

Place of Burial Baltimore Cemetery

Date Feb 21st 1907

Undertaker Geo Weber

Address 1135 N. Carey St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

9845 Registered No. B

CERTIFICATE OF DEATH. 19 V

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Mc Laughlin

{Residence, if in Baltimore, Give Street and Number.} 400 W. Camden St.

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patient was Informant

(Address)

Filed 2/24 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 20 1907

I HEREBY CERTIFY, That I attended deceased from Feb 18 1907 to Feb. 20 1907 that I last saw h... alive on Feb 19 1907 and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Endocarditis Myocarditis (DURATION) 2 yrs. DAYS

(Signed) Geo. H. Fluegel M.D.

Address St. Joseph's Hospital

Date Feb. 20 1907

Place of Burial COLLEGE OF P. & S

Date FEB 20 1907 190

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9816

City of Baltimore, (No. 1013 E. Lombard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hyman Weinberg

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: 1 (Month) (Day) Year)	
AGE: 65 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Elli Weinberg.
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Getta Swithgall or Switzel
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Krieb

(Address) 1126 Carlton Street

Filed 2/21 1907

HARRY C. ANDREAS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 21 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 19 1907 to Feb. 20 1907 that I last saw h[im] alive on Feb 20 1907, and that death occurred, on the date stated above, at 1:30 A.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
Paralysis of L side
(Arteriosclerosis)

(DURATION) 1½ DAYS

Contributory

(DURATION) DAYS

(Signed) Daniel Krieb M. D.

Feb 21 1907 (Address) 1126 Carlton Street

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hebrew Blair Road

DATE OF BURIAL: Feb 21 1907

UNDERTAKER: Max Levinson

ADDRESS: 1138 Low St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

98417

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2502, 2 E Hoffman St.; 7 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Regina L Landey

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	November 14 1889 (Month) (Day) (Year)
AGE	17 years, 8 months, 6 days
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Charles G Landey
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Mary F Lingan
BIRTHPLACE OF MOTHER (State or country)	Harford Co Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles G Landey

(Address) 2502 E Hoffman st

Filed 2/21/1907

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 20 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 29 1906 to Feby 20 1907

that I last saw h[illegible] alive on Feby 20 1907,

and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Two Years (DURATION) DAYS

Contributory [illegible] (DURATION) DAYS

(Signed) [illegible] M. D.

Feb 21 1907 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Feby 22d 1907
UNDERTAKER	ADDRESS
Geo Schilling & Sons	1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 9848 Registered No. B

CERTIFICATE OF DEATH.

IV

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James F. Lyons

{Residence, if in Baltimore, Give Street and Number.} 1413 Argyle Ave.

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Unknown 1880

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Bar Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Lofsinger

(Address) 1415 Argyle Ave

Filed 2/21 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 20 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 26 1907 to Feb 20 1907 that I last saw h live alive on Jan 20 1907 and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis - with Acute Dilatation.

(DURATION) DAYS

Contributory (Primary.) Typhoid fever & Pneumonia. (DURATION) DAYS

(Signed) Chas. L. Lonergan M.D.

Address St Joseph Hospital

Date Feb. 20 1907

Place of Burial New Cathedral

Date Feb 23 rd 1907

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1507

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98119

City of Baltimore, (No. 1918 Ridgewood Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louise Sophie Willhauck

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb (Month) 9 (Day) 1907 (Year)

AGE: ~~years~~, ~~months~~, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Louis Willhauck

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Magdalena Aberkey

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Louis Willhauck

(Address) 1918 Ridgewood Ave

Filed 2/21 1907

HARRY C. ANDRIEN, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 12 1907 to Feb 21 1907 that I last saw her alive on Feb 21 1907, and that death occurred, on the date stated above, at 12:30 A. M. The CAUSE OF DEATH was as follows:

Infantile (Spinal Affection) N.D.D.

(DURATION) 12 DAYS

Contributory ——

(DURATION) ——— DAYS

(Signed) E Miles Nicholson M. D.

Feb 21 1907 (Address) 2129 W North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Feb 21 1907

UNDERTAKER: C. H. Fahey & Son — ADDRESS: 646 Fayette St Ave

OK H. J.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

98420

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 547 McMechen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Brown

{Residence, if in Baltimore, Give Street and Number.} 547 McMechen St.

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: July 28th 1846

AGE: 60 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): West river A.A.Co. Md

FULL NAME OF FATHER: Thomas Brown

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Harriet Johnson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomon Brown

Address 821. Pierce St

Filed 2/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1907.

I HEREBY CERTIFY, That I attended deceased from January 12 1907 to July 20th 1907 that I last saw him alive on July 18th 1907, and that death occurred, on the date stated above, at 12 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis (DURATION) 30 DAYS

Contributory (Primary.)

Cardiac Weakness (DURATION) 30 DAYS

(Signed) Edward Mackenzie M.D.

Address 1339 N. North Ave.

Date July 20th 1907

Place of Burial Mt Auburn Cemetery

Date February 22 1907

Undertaker Isaac Brown

Address 565 N. Dolphin St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registration District

98421

CERTIFICATE OF DEATH.

98421

(Place of Death.) No. 416, S. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E. Krollmann

{Residence, if in Baltimore, Give Street and Number.} 416, S. Regester St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 17th 1877

AGE: 29 years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Dietrich

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Pauline Vaters

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ger. Krollmann

(Address) 416 S. Register St

Filed 2/28 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Febr. 21 - 1907

I HEREBY CERTIFY, That I attended deceased from Nov. - 3 - 1906 to Febr. - 20 1907 that I last saw her alive on Febr. - 20 1907, and that death occurred, on the date stated above, at 4 30 a m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 6 DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 110 DAYS

(Signed) Percie G. Dawes M.D.

Address 121, Jackson Lane

Date Febr - 21 - 1907

Place of Burial 1st Evangelical Cem

Date Feb. 23rd 1907

Undertaker [illegible] & SONS,

Address [illegible] & Dato Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 98422 Registered No. B 98422

CERTIFICATE OF DEATH.

(Place of Death.) No. 417 S. Central Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kunigunda Wolf

{Residence, if in Baltimore, Give Street and Number.} 417 S. Central Ave

Duration of Residence in Baltimore. 55 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 25th 1825

AGE: 81 years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Manler

(Address) 417 S. Central Ave

Filed 2/21 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 19, 1901 to Feb 19, 1907 that I last saw h alive on Feb 19, 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) YS

(Signed) W. J. Gatley M.D.

Address 417 S. Broadway

Date Feb 20th, 1907

Place of Burial Mt. Carmel Cemetery

Date Feb. 22nd 1907

Undertaker HENRY SAUER & SONS, S. E. Cor. Broadway & Baltimore Sts and 1705-1710 Canton Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

CERTIFICATE OF DEATH. 98423 10 V

(Place of Death.) No. 106, S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Runigunda Lauterbach

{Residence, if in Baltimore, Give Street and Number.} 106, S. Ann St.

Duration of Residence in Baltimore. 54 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Decb. 22 1828

AGE 79 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Marrid

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. Lauterbach

(Address) 106 S. Ann St.

Filed 2/21 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 20 1907

I HEREBY CERTIFY, That I attended deceased from Febr. 11 1907 to Febr. 20 1907 that I last saw h.r alive on Febr. 20 1907, and that death occurred, on the date stated above, at 1 a. M. CAUSE OF DEATH (Secondary or Immed.)

Influenza

Senility; Exhaustion

(DURATION) 9 DAYS

Contributory (Primary.) Influenza

(DURATION) 9 DAYS

(Signed) Pierre L. Dausel M.D.

Address 121, Jackson Square

Date Febr. - 21 - 1907

Place of Burial St. Mathews Cemetery

Date Feb. 22nd 1907

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 98124 Registered No. B 98124

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1709 Guilford Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary O'Melia

{Residence, if in Baltimore, Give Street and Number.} 1709 Guilford Ave.

Duration of Residence in Baltimore. 65 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH April 7 1822

AGE 84 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Larkin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Eliza Sollers

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Michael Doyle.

(Address) 1709 Guilford Ave.

Filed 2/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 20 1907

I HEREBY CERTIFY, That I attended deceased from Febry 10 1907 to Febry 20 1907 that I last saw her alive on Febry 20 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

General failure of powers of life

(DURATION) DAYS

Contributory (Primary.) Infirmities of age

(DURATION) DAYS

(Signed) Edmund Lyon M.D.

Address 316 E. North Ave

Date Febuary 20 1907

Place of Burial Cathedral Cemetery

Date Feb. 22 1907

Undertaker Henry W. Means & Son

Address 705 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 98125 Registered No. B 98125

119 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2442 R St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Jno Kessling (Kessling)

{Residence, if in Baltimore, Give Street and Number.} 244 S. Ann

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Feb. 25 1847

AGE: 59 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Jacob Kiessling

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Ex. Police

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose C. Kiessling

(Address) 244 S. Ann St.

Filed 2/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Feb 20 1907

that I last saw h — alive on Feb 20 1907

and that death occurred, on the date stated above, at 10 — 30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis — Sub Acute

6-8 wks — (DURATION) DAYS

Con'ributory (Primary.) Coma —

3 Days — (DURATION) DAYS

(Signed) [illegible] M.D.

Address 713 Park Ave

Date Feb 21 — 1907

Place of Burial Bonnie Brae

Date Feb. 23rd 1907

Undertaker Wendell Lifsal Burn

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

98426

Registered No. B

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard Davis

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. 1 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Blk

DATE OF BIRTH: Jan. 21 1907

AGE: — years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Talbot Co. Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Aloysius McGlannan

(Address) 2005 Madison Ave

Filed 2/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 21 1907 to Feb. 18 1907 that I last saw h[e]r alive on Feb. 17 1907, and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Aloysius McGlannan M.D.

Address 2005 Madison Ave

Date Feb. 18 1907

Place of Burial Cathedral Cemetery

Date February 21st 1907

Undertaker Felix B. Pye.

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 98427 Registered No. B 98427 1907

CERTIFICATE OF DEATH.

(Place of Death.) No. 2946 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ely Bossom

{Residence, if in Baltimore, Give Street and Number.} 2946 Cedar Ave

Duration of Residence in Baltimore. 10 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 18 1842

AGE 65 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ind

FULL NAME OF FATHER Abraham Bossom

BIRTHPLACE OF FATHER (State or country) Ind

MAIDEN NAME OF MOTHER Mary Bossom

BIRTHPLACE OF MOTHER (State or country) Ind

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Emaline Bossom

(Address 2946 Cedar Ave

Filed 2/21 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Feb 20 1907 that I last saw h alive on Feb 19 1907, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) Just Days

Contributory (Primary) Dropsy (DURATION) 2 years.

(Signed) M A Fair M.D.

Address 12 E 25th St

Date Feb 21 1907

Place of Burial Mt Pleasant Hampden

Date Feb 22 1907

Undertaker Wm. E. Chenoweth & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98429

City of Baltimore, (No. 728 N. Howard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis Louis Roge

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. 21 (Month) (Day) 1907 (Year)

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): France.

FULL NAME OF FATHER: Romain Roge

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Augustin Marigo

BIRTHPLACE OF MOTHER (State or country): France

OCCUPATION OF DECEASED: Doctor + Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Louis Kungis

(Address) 840 N. Eutaw St

Filed 2/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 21 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 16 1907 to Feb. 21 1907

that I last saw him alive on Feb 21 1907

and that death occurred, on the date stated above, at 1 A.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 6 DAYS

Contributory Cirrhosis of Liver

(DURATION) Indefinite DAYS

(Signed) David Stoll M.D.

Feb 24 1907 (Address) 712 Park ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: 2/23 1907

UNDERTAKER: David McLean Co.

ADDRESS: 833 Linden ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16 — Registered No. B 98428 — 26 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 416 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Rutherford Barrett

{ Residence, if in Baltimore, Give Street and Number. } 416 Falls Road

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 16. 1879

AGE: 27 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: William Barrett

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Elizabeth Smith

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Telegraph Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie E. Barrett

(Address) 416 Falls Road

Filed 2/21 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 7th 1907 to Feb 19th 1907 that I last saw h[illegible] alive on Feb 19th 1907, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion generally in
wasting tumor 1 year
[illegible] (DURATION) 2 DAYS

Con'tributory (Primary) Suppurating Phlegmon
of [illegible] (DURATION) DAYS

(Signed) R. B. Norment M.D.

Address 3543 Chestnut Ave

Date Feb 21st 1907

Place of Burial St Mary's Hampden

Date Feb 22 1907

Undertaker Wm E Unsworth & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98430

City of Baltimore, (No. 1005 Myrtle ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah E Gosnell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Bartkman

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Sarah Jorsich

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 W Mulberry

Filed 2/21 1907

HARRY C. ARKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to Feb 20 1907 that I last saw h er alive on Feb 19 1907, and that death occurred, on the date stated above, at 2 A M. The CAUSE OF DEATH was as follows:

Erysipelas (facial)

about 16 (DURATION) DAYS

Contributory Involvement 2 months (DURATION) 5 DAYS

Thrombo Phlebitis

(Signed) Carlton M. Cook M. D.

Feb 20 1907 (Address) 1101 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Feb 22 1907

UNDERTAKER: M Cadogan

ADDRESS: 696 Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 98451 Registered No. B 120 V

CERTIFICATE OF DEATH.

Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Gross

{ Residence, if in Baltimore, Give Street and Number. } 1231 Bayard St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR C.

DATE OF BIRTH ..... 1.....

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED H. W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Gross

(Address) 1231 Bayard St

Filed 2/21 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2/20/ 1907

I HEREBY CERTIFY, That I attended deceased from Jan 8 1907 to Feb. 20 1907 that I last saw her alive on 2/20/ 1907, and that death occurred, on the date stated above, at 4:30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia.

(DURATION) ..... DAYS

Contributory (Primary) Nephritis, Peri-

Cardiac + Bronchitis (DURATION) ..... DAYS

(Signed) F. R. Miller M.D.

Address Univ. Hosp Baltimore

Date 2/20/ 1907

Place of Burial Solan Green Charles Co Md

Date Feb 22d 1907

Undertaker Clarence E. Wight

Address 1364 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 98432 Registered No. B 98432

CERTIFICATE OF DEATH.

(Place of Death.) No. 19 W Wonder St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul G. Steinbach

{Residence, if in Baltimore, Give Street and Number.} 19 W Wonder St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Feb 15 1856

AGE: 51 years, months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ferdinand Steinbach

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Pauline Kienbaum

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Steinbach

(Address) 19 W. Wonder st

Filed 2/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 24th 1906 to Feb 20th 1907

that I last saw h alive on Feb 19th 1907

and that death occurred, on the date stated above, at 4:35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 3 Month DAYS

Contributory (Primary.)

(DURATION) 1 DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles St

Date Feb 20th 1907

Place of Burial Cedar Hill

Date Feb 23 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 95433 43

CERTIFICATE OF DEATH.

(Place of Death.) No. 2018 Ashland ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Warner A. Hanvig

{Residence, if in Baltimore, Give Street and Number.} Life time at 2018 Ashland ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 7th, 1887

AGE: 19 years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Augusta J. Hanvig

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Henrietta Sauer

BIRTHPLACE OF MOTHER (State or country): Harford Co. Md.

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta J. Hanvig

(Address) 2018 Ashland Ave

Filed 2/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 20th, 1907

I HEREBY CERTIFY, That I attended deceased from February 9th 1907 to February 20th 1907

that I last saw him alive on Feb. 20 1907,

and that death occurred, on the date stated above, at 1.7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Exhaustion the result of a Dysphoid Pneumonia,

(DURATION) 4 DAYS

Contributory (Primary) Pneumonia of right Lung

(DURATION) 14 DAYS

(Signed) Wilmer Simpson M.D.

Address S. W. Cor. Calvert & Preston

Date Feb. 20th, 1907.

Place of Burial New Jerusalem

Date Feb 24 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. 98194 — 43 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 N. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ester A Smith

{Residence, if in Baltimore, Give Street and Number.} 719 N. Lexington St

Duration of Residence in Baltimore. 6 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1842

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene S Bonhaus

(Address) 719 N Lexington

Filed 2/24 1907 — P. ADDRESS — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Feb 20 1907

that I last saw her alive on Feb 20 1907,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Breast

(DURATION) 365 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Lemard E Beach M.D.

Address 857 N. Fayette St

Date Feb 20th 1907

Place of Burial Loudon Park Cemetery

Date Feb 21 1907

Undertaker H C Branning

Address 515 Poppleton St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 719 St Peters St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Roberta Calvin

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH Aug. 13 (Month) 1 (Day) Year)

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER John Evans

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mel. Gentry

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Jarrett

(Address) 709 N. Patterson Pk

Filed 2/24/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec about 1906 to Feb. 20 1907

that I last saw her alive on Feb 11 1907

and that death occurred, on the date stated above, at 7.05 P. M. The CAUSE OF DEATH was as follows:

Exhaustion (DURATION) 30 DAYS

Contributory Pulmonary Tuberculosis (DURATION) 2 yrs DAYS

(Signed) BBB Atkins M. D.

Feb 21 1907 (Address) 1404 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Greenmount Cemetery | DATE OF BURIAL 22 1907

UNDERTAKER W. M. Routson | ADDRESS Frum Saratoga

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Sarah B Adams

{ Residence, if in Baltimore, Give Street and Number. } 2204 E. Baltimore St.

Duration of Residence in Baltimore.

98436

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 5th 1833

AGE 73 years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) N. J.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) New Jersey

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. John W. Adams

(Address) 2204 E. Baltimore St

Filed Feb 22nd 1907 CHAS. C. ANDREWS PERMIT CLERK Registrar

6456 R

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 14, 1907 to Feb 20, 1907 that I last saw her alive on Feb 20, 1907, and that death occurred, on the date stated above, at 11:[illegible] P.M. CAUSE OF DEATH (Secondary or Immediate.)

Strangulated Umbilical Hernia

(DURATION) DAYS

Contributory (Primary) Oedema of Lungs

Heart Failure (DURATION) 1 DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hosp.

Date Feb 20, 1907

Place of Burial Lynnwood N.J.

Date February 23rd 1907

Undertaker Holden Tolley

Address 2013 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Ward 4 Registered No. B 120 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Bowers

{ Residence, if in Baltimore, Give Street and Number. } Emmitsburg, Md. -

Duration of Residence in Baltimore. 98437

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) University Hospital

(Address)

Filed 2/22 1907 HARRY O. ANDREWS. Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 21, 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 17 1907 to Feb. 21 1907 that I last saw h~~im~~ alive on Feb. 21 1907, and that death occurred, on the date stated above, at 1.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Inflammation of Bladder, Nephritis (DURATION) DAYS

(Signed) J. H. Smith Jr. M.D.

Address Univ. Hosp't.

Date Feb. 21, 1907

Place of Burial Emmitsburg Md.

Date Feb. 22 1907

Undertaker Wm. G. Black

Address 22 N. Luzerne St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during, his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — Registered No. 98438

CERTIFICATE OF DEATH.

137 V

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Minnie Friedman

{ Residence, if in Baltimore, Give Street and Number. } 26 E. Front St.

Duration of Residence in Baltimore. 14 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Jacob Katzoff

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Jackobs

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. David Friedman

(Address) 268. Front st.

Filed 2/22 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 21 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 18 1907 to Feb. 21 1907 that I last saw her alive on Feb 21 1907, and that death occurred, on the date stated above, at 9 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) 6 DAYS

Contributory (Primary) Septic Pneumonia

Puerperal Eclampsia (DURATION) ... DAYS

(Signed) Chas. Bagley Jr., M.D.

Address Hebrew Hospital

Date Feb. 22 1907

Place of Burial Philip Rd Ben Rim Hebrew

Date Feb 22, 1907

Undertaker M. Levinson

Address 1138 Low st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

CERTIFICATE OF DEATH.

19 1

(Place of Death.) No. 726 Harford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Golden 98439

{Residence, if in Baltimore, Give Street and Number.} 726 Harford ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Crane

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Dora Crow

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Julia Delaney

(Address) 726 Harford Ave

Filed 2/22 1907. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 1907

I HEREBY CERTIFY, That I attended deceased from Feb 10 1907 to Feb 20 1907

that I last saw her alive on Feb 20 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis.

(DURATION) DAYS

Contributory (Primary) Chronic Myocarditis with Valvular insufficiency

(DURATION) DAYS

(Signed) M. L. Todd M.D.

Address 1202 E. Monument St.

Date Feb 21 1907

Place of Burial St. Vincents Cemetery

Date Feb 23rd 1907

Undertaker Henry Hauck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 98140 — Registered No. B

CERTIFICATE OF DEATH. 93 V

(Place of Death.) No. 2707 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles James Stevenson

{Residence, if in Baltimore, Give Street and Number.} 2701 Eastern Ave

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 25th 1906

AGE ..... years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edwin D. Stevenson

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Ellen A. Burch

BIRTHPLACE OF MOTHER (State or country) Charles Co. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin D Stevenson

(Address) 2701. Eastern Aven

Filed 2/22 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 21st 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1907 to Feb. 21 1907 that I last saw him alive on the 21 1907 and that death occurred, on the date stated above, at 7.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

4-5 (DURATION) DAYS

Contributory (Primary) Cardiac Paralysis

— (DURATION) DAYS

(Signed) Elias S. Keer M.D.

Address 619 Park Ave

Date Feb. 21 1907

Place of Burial London Park

Date Feb 23 1907

Undertaker J E Evans & Son

Address 1438 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superin setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whet deceased, and the **cause and date of death.**

Ward 14 98141 Registered No. B [illegible] 61 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1429 Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Joseph Tully

{Residence, if in Baltimore, Give Street and Number.} 1429 Covington St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 18 1905

AGE 1 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Mike Tully

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Ann Tully

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. Tully

(Address) 1429 Covington St

Filed 2/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 19 1907

I HEREBY CERTIFY, That I attended deceased from 2/18 1907 to 2/19 1907 that I last saw h[illegible] alive on 2/19 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

(DURATION) DAYS

Contributory (Primary) Teething Bowels

1 Day (DURATION) DAYS

(Signed) L. J. Tullington M.D.

Address 120 E Fort Ave

Date 190

Place of Burial Holy Cross

Date Feb 22/07 1907

Undertaker John O'Neill

Address 1230 William St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward 0 98442 Registered No. B 120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1938 East Lafayette Av; St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Fannie Smith.

{Residence, if in Baltimore, Give Street and Number.} 1938 East Lafayette Avenue

Duration of Residence in Baltimore, 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH Not Known 1

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Thomas Weymouth

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Annie Dudley

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. J Fanning

(Address) 1938 E Lafayette Ave

Filed 2/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 18. 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 2nd 1907 to Feb. 18th 1907

that I last saw her alive on Feb. 16 1907

and that death occurred, on the date stated above, at 10 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright Disease

Cardiac Disease

Unknown (DURATION) DAYS

Contributory (Primary.) Influenza

(DURATION) 16 Days

(Signed) Alfred Whitehead M.D.

Address 1215 Madison Avenue

Date February 18th 1907

Place of Burial Greenmount

Date Feb 22 1907

Undertaker E. J Fanning

Address 1938 E Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98441

Registered No. B .....

City of Baltimore, (No. 1523 Eutaw Pl St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa H Maynard

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: Oct. (Month) 3 (Day) 1844 (Year)

AGE: 60 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Ill.

FULL NAME OF FATHER: Owen Maynard

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Louisa H Eastman

BIRTHPLACE OF MOTHER (State or country): Maine

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa H Maynard

(Address) 307 W Lanvale st

Filed 2/22 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 8 1907 to Feb 21 1907 that I last saw h alive on Feb 21 1907 and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Hemiplegia

..... (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) 1 DAYS

(Signed) Lott B Mace M.D.

1907 (Address) 2200 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Feb 23 1907

UNDERTAKER: Garrett Forst ADDRESS: Stewart & Mawens 218 Park

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 9843 Registered No. B 101

CERTIFICATE OF DEATH.

(Place of Death.) No. 628 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vernon Hopes

{Residence, if in Baltimore, Give Street and Number.} 628 Bradley St

Duration of Residence in Baltimore. 3 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX M Ew | COLOR Col'd

DATE OF BIRTH 1

AGE ~~Years~~, 6 mont's, ~~Days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balt City

FULL NAME OF FATHER Henry Hope

BIRTHPLACE OF FATHER (State or country) accamack Co

MAIDEN NAME OF MOTHER Rose Downes

BIRTHPLACE OF MOTHER (State or country) accamack Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Baily

(Address) 628 Bradley St

Filed 2/22 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1907

I HEREBY CERTIFY, That I attended deceased from Feb 12 1907 to Feb 21 1907

that I last saw h-- alive on Feb 20 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

Coma (DURATION) DAYS

Contributory (Primary) Asthenia

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 929 N Fay St

Date Feb 23 1907

Place of Burial Accomack Co Va

Date Feb 23 1907

Undertaker John H Owens & Son

Address 1222 Linden Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

94

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98145

City of Baltimore, (No. 134 Dolphin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bridget Gahagan

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	Aug (Month) 15 (Day) 1848 (Year)
AGE	58 years, 6 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	John Gaitland
BIRTHPLACE OF FATHER (State or country)	Ireland.
MAIDEN NAME OF MOTHER	———
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Gahagan

(Address) 134 Dolphin St

Filed 2/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 4 1907 to Feb 19 1907 that I last saw h.. alive on Feb 19 1907, and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Pleurisy with effusion

(DURATION) 14 DAYS

Contributory Cardiac exhaustion

(DURATION) DAYS

(Signed) Albert F. Conrey M.D.

2-20 1907 (Address) 1533 John St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Feb 23rd 1907
UNDERTAKER	ADDRESS
C A F Rhulbin	1711 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 27 9814 Registered No. B

CERTIFICATE OF DEATH. 27 ✓

(Place of Death.) No. 1122 Nanticoke St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Effie Kloffke

{Residence, if in Baltimore, Give Street and Number.} 1122 Nanticoke

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 15 1889

AGE 17 years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Isles of Wight Co. Va

FULL NAME OF FATHER Chas. F Kloffke

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Vaticliche

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kloffke

(Address) 1122 Nanticoke

Filed 2/22 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1906 to Feb 21 1907 that I last saw her alive on Feb 18 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis (DURATION) 100 DAYS

Contributory (Primary.) [illegible] (DURATION) 20 DAYS

(Signed) Edw Symonds M.D.

Address 817 Lanvale

Date Feb 22d 1907

Place of Burial Western cemetery

Date Feb 23 1907

Undertaker Geo J Smith Co

Address 1000 W. Fayette ave

WM. J. C. DULANY CO., BALTIMORE.

✓

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

98447

CERTIFICATE OF DEATH.

114 V

(Place of Death.) No. 1326 W. Fr Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma V. Gardner

{Residence, if in Baltimore, Give Street and Number.} 1326 W. Fr Henry St

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 8th 1857

AGE 49 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Petersberg Va

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) ? —

MAIDEN NAME OF MOTHER Emma V. Cox

BIRTHPLACE OF MOTHER (State or country) Petersburg, Va.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert E. Lilly

(Address) 860 Columbia Ave

Filed 2/22 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan 18 1907 to Feb 21 1907

that I last saw her alive on Feb. 21 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from
Cirrhosis of Liver

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jno. T. Ellard M.D.

Address 1033 Edmondson Ave

Date Feb. 21 1907

Place of Burial London Park

Date Feb 24 1907

Undertaker Geo J Smith Co

Address 1800 W. Fayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 98448 Registered No. B 98448

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Moses B. Raymond

{Residence, if in Baltimore, Give Street and Number.} 1234 Battery Ave

Duration of Residence in Baltimore. 1 Month

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holiday, Supt.

(Address) BAY VIEW ASYLUM

Filed 2/22 1907 HARRY C. ANDREWS. Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 21 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 11 1907 to Feb. 21 1907 that I last saw h. alive on Feb. 2 1907 and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

General debility

Mitral stenosis

Chronic diffused Nephritis (DURATION) DAYS

Contributory (Primary) Cirrhosis (DURATION) DAYS

(Signed) R. R. Norris M.D.

Address Bay View Hospital

Date Feb. 21 1907

Place of Burial Rock Hall Kent Co.

Date 2/23/07 1907

Undertaker J. Herwig & Son

Address 1200 E. Oldenborg St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 9814? — Registered No. —

CERTIFICATE OF DEATH.

4 2 V

(Place of Death.) No. Church Home and Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Rosina L. Seubert - 98449

{Residence, if in Baltimore, Give Street and Number.} 1520 Federal Place

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: April 7 - 1855

AGE: 51 years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Arnold

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not - Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian Seubert

(Address) 1520 Federal St.

Filed 2/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 21 1907

I HEREBY CERTIFY, That I attended deceased from Feb 19 190 to Feb 21 1907 that I last saw h[illegible] alive on Feb 21 190 7, and that death occurred, on the date stated above, at abt 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer.

(Stomach)

(Telephoned by Dr Hutchins)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H Hutchins M.D.

Address Church Home & Infirmary

Date Feb 21 1907

Place of Burial Cedar Hill Cem.

Date 2/24/07 190

Undertaker J Herring & Son

Address 2008 Eleana St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 98450 — 176

CERTIFICATE OF DEATH.

(Place of Death.) No. 1133 S. Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas J. Hanick

{ Residence, if in Baltimore, Give Street and Number. } 1133 S. Sharp St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 2 - 16 1907

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. A. Hanick

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Ida M. Conroy

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm A Hanick

(Address) 1133 Sharp St

Filed 2/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 2 - 22 1907

I HEREBY CERTIFY, That I attended deceased from 2 - 16 - 1907 to 2 - 21 1907

that I last saw him alive on 2 - 21 1907,

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral hemorrhage

(DURATION) 6 DAYS

Contributory (Primary.) Difficult labor

(DURATION) DAYS

(Signed) Anne H. Thomas M.D.

Address 115 W. Barre St.

Date Feb. 22 - 1907

Place of Burial Cathedral

Date Feb 23. 1907

Undertaker Woodland

Address 502 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

9845

CERTIFICATE OF DEATH.

(Place of Death.) No. 2576 Madison Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard L. Britton

{Residence, if in Baltimore, Give Street and Number.} 2576 Madison Ave

Duration of Residence in Baltimore. 15 Years -

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ohio

FULL NAME OF FATHER Hiram Britton

BIRTHPLACE OF FATHER (State or country) Holland

MAIDEN NAME OF MOTHER Emily Mitchell

BIRTHPLACE OF MOTHER (State or country) France

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs R Britton

(Address) 2576 Madison Ave

Filed 2/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 21st 1907.

I HEREBY CERTIFY, That I attended deceased from March 1902 to Febry 21st 1907.

that I last saw h. im alive on Febry 20 1907.

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

Five Years (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. H. Biedler M.D.

Address 1196 W. Saratoga St.

Date February 23d 1907

Place of Burial Greenmount Cem

Date July 24th 1907

Undertaker Wm. H. Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 98452

CERTIFICATE OF DEATH.

(Place of Death.) No. 1313 West North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nanny Levy

{Residence, if in Baltimore, Give Street and Number.} 1614 Madison Ave,

Duration of Residence in Baltimore. Twelve years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem.	white

DATE OF BIRTH March 1st 1849

AGE 57 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lena Levy

(Address) 2430 Woodbrook Ave

Filed 2/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 21st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Died Suddenly (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Julian Baer Dein M.D.

Address 700 Eng. av. (Comp)

Date Feby. 21st 1907

Place of Burial Chas Shalom

Date Feby 24 1907

Undertaker Harris & Sondheim

Address 423 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

2430 Woodbrook Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98458

City of Baltimore, (No. 1532, Park ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bell M. McElroy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. (Month) 10- (Day) 1855- (Year)

AGE: 51 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Weitzell

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Sarah Loane

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary B McElroy

(Address) 1532 Park ave

Filed 2/22 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 21st 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 18th 1907 to Feby 20th 1907 that I last saw h[er] alive on Feby 20th 1907, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Acute Urinary Suppression
& Uraemia

(DURATION) 3 DAYS

Contributory Some form of Chronic Nephritis (DURATION) Uncertain DAYS

(Signed) Eugene McMan M.D.

Feby 21st 1907 (Address) 1515 Park ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Green Mount | DATE OF BURIAL: Feb 23 1907

UNDERTAKER: E H Mitchell | ADDRESS: 120 W Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH.

98454

Registered No. B

City of Baltimore, (No. 678 St. Mary street St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rufus C. Bowen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1901 (Year)

AGE: 6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm H. Bowen

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Bertha Kemp

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Bowen

(Address) 578 St Mary's St.

Filed 1/22 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 20 (Day) - 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 19 - 1906 to Feb. 20 1907

that I last saw h[im] alive on Feb. 20 - 1907,

and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

about 3 months (DURATION)

Contributory ..... (DURATION) ..... DAYS

(Signed) Carlton M. Cole M. D.

Feb. 21 - 1907 (Address) 1101 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Law & Cemetery

DATE OF BURIAL: Feb 22 1907

UNDERTAKER: Alex. Hawley

ADDRESS: 578 W. Biddle

WM. J. C. DULANY CO., BALTIMORE.

Ward

98433

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. 1127 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Smith

{Residence, if in Baltimore, Give Street and Number.} 1127 Division St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1850

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Nathan S. Smith

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Harriette Jones

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Dolphine Anderson

(Address) 581 Dolphin St.

Filed 2/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 1907

I HEREBY CERTIFY, That I attended deceased from Feb 17 1907 to Feb. 20 1907

that I last saw h[illegible] alive on Feb. 20 1907

and that death occurred, on the date stated above, at 11:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

about 3 mos (DURATION) DAYS

Contributory (Primary.) Degeneracy

(DURATION) — DAYS

(Signed) Edward Wheatley M.D.

Address 1231 Druid Hill Ave

Date (Feb. 21 1907

Place of Burial Laurel Cemetery

Date Feb. 23rd 1907

Undertaker Wm Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 98456 Registered No. B [illegible] 1907 V

CERTIFICATE OF DEATH.

Place of Death.) No. 409 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 98456

Full Name Wm J McGurl

{Residence, if in Baltimore, Give Street and Number.} Stan Howard Hotel

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 21 1856

AGE 50 years, 9 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Minersville Pa

FULL NAME OF FATHER Michael McGurl

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ann Hard

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Book Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B McGurl

(Address) Minersville Pa

Filed 2/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 21 1907

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw h— alive on 190—,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D Hampton M.D.

Address 1216 N Caroline St

Date Feb. 22. 1907

Place of Burial Minersville Pa

Date Feb 22 1907

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

98457

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Hastree 98457

{ Residence, if in Baltimore, Give Street and Number. } 803 Plum alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Black
DATE OF BIRTH	1883
AGE	23 years, ... months, ... days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel G Hemsley

(Address) 578 N Biddle St

Filed 2/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 21 1907

I HEREBY CERTIFY, That I attended deceased from Jan 22 1907 to Feb 21 1907

that I last saw h alive on Feb 21 1907

and that death occurred, on the date stated above, at 2 05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

Contributory (Primary.) Chronic Nephritis (DURATION) ... DAYS

(DURATION) ... DAYS

(Signed) S. S Strouse M.D.

Address Johns Hopkins Hospital

Date February 21 1907

Place of Burial Ashbury Cemetery

Date Feb 23 1907

Undertaker Abel Hemsley

Address 578 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person easel, and the **cause and date of death.**

Ward 1

98158

CERTIFICATE OF DEATH.

79 V

(Place of Death.) No. 1016 Vincent alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ferdinand Taylor

{Residence, if in Baltimore, Give Street and Number.} 1016 Vincent Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Eliza Gardner

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Taylor

(Address) 1016 Vincent Alley

d 2/22 1907

HARRY C. ANDREWS
Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 20th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

... (DURATION) ... DAYS

Con'tributory (Primary.)

... (DURATION) ... DAYS

(Signed) Wm Baldwin M.D.

Address Two Log. av (Govans)

Date July 20th 1907

Place of Burial Mt. Auburn Cem

Date February 22d 1907

Undertaker Wm F Chase & Son

Address 1118 N Calhoun St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. [redacted] 43 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John R. Washington

{ Residence, if in Baltimore, Give Street and Number. } above 98459 Lisbon

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Georges Washington

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary L Brown

BIRTHPLACE OF MOTHER (State or country): Dc

OCCUPATION OF DECEASED: Saloon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Washington

(Address) 427 N Bartlett

Filed 2/22 1907 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 1907

I HEREBY CERTIFY, That I attended deceased from 2.13 1907 to 2.19 1907

that I last saw her alive on Feb 15 1907,

and that death occurred, on the date stated above, at 7 a.m.

I. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. L. Holtzclaw M.D.

Address 211 N. Lanvale Corner

Date Feb 20 1907

Place of Burial Mt Auburn Cemetery

Date Feb 23 1907

Undertaker Pue & Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98160

Registered No. B.....

City of Baltimore, (No. 115 E. Hill St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Quill

PERSONAL AND STATISTICAL PARTICULARS

SEX M.

COLOR Black

DATE OF BIRTH ..... (Month) ..... (Day) 1 Year)

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) St Marys Co Md

FULL NAME OF FATHER James Quill

BIRTHPLACE OF FATHER (State or country) St Marys Co Md

MAIDEN NAME OF MOTHER Mary Quill

BIRTHPLACE OF MOTHER (State or country) St Marys Co Md

OCCUPATION OF DECEASED Cedar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Sarah Quill

(Address) 115 E. Hill St

Filed 2/22 190 7

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb ruary 19 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 17 1907 to Feb. 19 1907 that I last saw h~~im~~ alive on Feb. 19 1907, and that death occurred, on the date stated above, at 5:40 P. M. The CAUSE OF DEATH was as follows:

Apoplexy Cerebral

..... (DURATION) ..... DAYS

Contributory Epilepsy

..... (DURATION) ..... DAYS

(Signed) M. E. Brack M. D.

2/20/07 190 (Address) 13 W. King

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Feb 22 1907
UNDERTAKER	ADDRESS
R. K. Elliott	506 Pratt

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Talbert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George G. Trunck

{ Residence, if in Baltimore, Give Street and Number. } 1 Talbert St 98461

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Benjamin Trunck

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Emma Gaskins

(Address) 1 Talbert st

Filed 2/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 20 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Feb 20 1907 that I last saw h alive on Feb 20 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cant Remember

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt G. Schmeltz M.D.

Address 434 East 25 St

Date Feb. 21 1907

Place of Burial Laurel Cemetery

Date Feb 22 1907

Undertaker A. C. McElliott

Address 526 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Reg. No. 99

CERTIFICATE OF DEATH.

(Place of Death.) No. 1531 Shields alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa L Dimes (Dimes)

{Residence, if in Baltimore, Give Street and Number.} 1531 Shields alley.

Duration of Residence in Baltimore. 98/62

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored.

DATE OF BIRTH ..... 1 .....

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow.

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L Dial

(Address) 1531 Shields Alley

Filed 2/22 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1907.

I HEREBY CERTIFY, That I attended deceased from Feb 12 1907 to Feb 21 1907 that I last saw h[illegible] alive on Feb 20 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Immediate Pulmonary Hemorrhage

(DURATION) 9 DAYS

Contributory (Primary.) Hemorrhage of Lungs

(DURATION) 9 DAYS

(Signed) J B Funk M.D.

Address 6 84 Mosher st

Date Feb 21, 1907

Place of Burial Mt Auburn Cemetery

Date Feb 23. 1907

Undertaker E R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 98103

CERTIFICATE OF DEATH.

(Place of Death.) No. 511 Paca Place. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Joseph Groo.

{Residence, if in Baltimore, Give Street and Number.} 511 Paca Place.

Duration of Residence in Baltimore. all life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col.

DATE OF BIRTH Unknown. 1

AGE 39 years, \ months, \ days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Peter Groo.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Wheeler

(Address) 111 N. Franklin st

Filed 2/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2/21 1907

I HEREBY CERTIFY, That I attended deceased from 2/20 1907 to 2/20 1907

that I last saw him alive on 2/20 1907

and that death occurred, on the date stated above, at 6 a.m. a. m. CAUSE OF DEATH (Secondary or Immediate.)

Acute lobar Pneumonia.

+ Pericarditis.

(DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) L. E. Conrad M.D.

Address 609 N. Franklin St.

Date 2/21. 07. 1907

Place of Burial Mt Auburn Cemetery

Date Feb 22 1907

Undertaker R. S. Gelbart

Address 506 Royster Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98164

Registered No. B.....

City of Baltimore, (No. 1400 Garrett Ave St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helena Narocki

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: X (Month) (Day) 190 (Year)

AGE: 4 years, 6 months, = days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Alexander Narocke

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sophia Polack

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia + Polack Mark

(Address) 1400 Garrett Ave

Filed 2/22 190 7

HEALTH DEPT. OF BALTIMORE. PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 25th Jan 190 7 to 21 Feb 190 7 that I last saw h-er alive on 20 Feb 190 7, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Acute Nephritis

(Contributory) (DURATION) 7 DAYS

Contributory Exhaustion (DURATION) DAYS

(Signed) James Corpen M. D.

190 (Address) 1222 Hull St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Rosary — DATE OF BURIAL: Feb 23 190 7

UNDERTAKER: Jos Kontek — ADDRESS: 1318 Light St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward.....

CERTIFICATE OF DEATH

(Place of Death.) No. 228 S Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Huber Sr.

{ Residence, if in Baltimore, Give Street and Number. } 228 S Broadway

Duration of Residence in Baltimore.....

98465

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Adrian B Huber

BIRTHPLACE OF FATHER (State or country) Germa

MAIDEN NAME OF MOTHER Annie Dr Hubering

BIRTHPLACE OF MOTHER (State or country) Germa

OCCUPATION OF DECEASED Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Huber Per HEB

(Address) 228 S Broadway

Filed Feb 22 1907

[illegible] D. ANDRAE
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1907 to Feb 21 1907 that I last saw h in alive on Feb 20 1907 and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) M. F. Smith M.D.

Address 1628 W Lexington

Date Feb. 21 1907

Place of Burial Mt Carmel Cemetery

Date Feb 23rd 1907

Undertaker H E Hughes

Address 175 S Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Homoropathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Kent

{Residence, if in Baltimore, Give Street and Number.} 913 N. Vincent - St 98466

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 8 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thos Kent

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Laurce Hall

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Kent

(Address) 913 N. Vincent

Filed Feb 23rd 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 22 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1907 to Feb 22 1907 that I last saw h— alive on Feb 22 1907 and that death occurred, on the date stated above, at 2 a m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 1 DAYS

Con'tributory (Primary.) Marasmus

(DURATION) 60 DAYS

(Signed) W. W Stout M.D.

Address Md Homoro Hospital

Date Feb. 22 1907

Place of Burial Mt Auburn Cem

Date February 24 1907

Undertaker Sandt & Chase

Address 1011 N. Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 225 S. Fulton Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard V Hackett.

{ Residence, if in Baltimore, Give Street and Number. } 225 S. Fulton Av 98467

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White.

DATE OF BIRTH Dec 25th 1873

AGE 33 years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Thomas Hackett

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Kelly.

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Cooper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Hackett

(Address) 225 S. Fulton

Filed 1/23 1907 HARRY C. ANDREWS, FIRST CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 20 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to Feb 20 1907, that I last saw him alive on Feb 20 1907, and that death occurred, on the date stated above, at 3:20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dysentery

(DURATION) 19 hrs.

Contributory (Primary) Gastritis (DURATION) 14 DAYS

(Signed) M. A. O'Neill M.D.

Address 131 Hollins St

Date Feb 20 1907.

Place of Burial New Cathedral

Date Feb - 23 1907

Undertaker Crowley Bosse

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

Toadvine

CERTIFICATE OF DEATH.

(Place of Death.) No. 102 W. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George E. Wilson

{ Residence, if in Baltimore, Give Street and Number. } 102 W York St 98468

Duration of Residence in Baltimore.. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH December 25 1854

AGE 52 years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER James Wilson

BIRTHPLACE OF FATHER (State or country) Don't Know

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or country) Don't Know

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie A Wilson wife

(Address) 102 W York St

Filed 2/23 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 22 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 ....., 6.35

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thos M Eminhard M.D.

Address Coroner

Date February 24 1907

Place of Burial St. Peter's Cemetery

Date Feb. 24 1907

Undertaker John H. Toadvine

Address 142 W. Hoffee St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 25 E. Church St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Jones 98469

{ Residence, if in Baltimore, Give Street and Number. } 25 E Church St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	Don't know
AGE	55 years, ___ months, ___ days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Easton Md
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elevia Banks

(Address) 25 E Church St

Filed 2/23 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 21 1907

I HEREBY CERTIFY, That I attended deceased from ___ 190 to ___ 190

that I last saw h___ alive on ___ 190,

and that death occurred, on the date stated above, at 4.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Organic disease of the heart

(DURATION) ___ DAYS

Contributory (Primary.)

(DURATION) ___ DAYS

(Signed) Otto M. Feinhardt M.D.

Address Coroner

Date February 24 1907

Place of Burial Int. Auburn Cem.

Date Feb. 24 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98470

City of Baltimore, (No. 812 Rabory St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Effie Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 22 years, — months, — days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Emanuel Taylor

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Florence Custis

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joanna Jones

(Address) 812 Raborg St.

Filed 2/23 1907 HARRY C. ARMS, Deputy Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 22 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from About Jan 20th 1907 to About July 1st 1907 that I last saw h[er] alive on About July 1st 1907, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Pulmonary consumption

(DURATION) 90? DAYS

Contributory Asthenia

(DURATION) — DAYS

(Signed) Chas. J. Keller M. D.

July 22 1907 (Address) 222 W Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? — Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem.

DATE OF BURIAL: Feb. 24 1907

UNDERTAKER: John H. Toadvine

ADDRESS: 1424 W. Pratt St.

WM. J. C. DULANY CO., BALTIMORE

Patient was sent to Bay View about July 1-07 and returned several days ago. I did not see her after her return but am satisfied as to Cause of death. Chas. J. Keller.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

98472

CERTIFICATE OF DEATH.

(Place of Death.) No. 804 S. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Ellen Woolford

{Residence, if in Baltimore, Give Street and Number.} 802 S Eutaw

Duration of Residence in Baltimore. Life 98472

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 30 Jan. 1906

AGE 1 years, ... months, 22 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Woolford.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Helen Bishop

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Woolford

(Address) 802 S. Eutaw St

Filed 2/23 1907 HARRY C. ANDREAS, FIRST CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1907

I HEREBY CERTIFY, That I attended deceased from Feb 8 1907 to Feb 21 1907

that I last saw her alive on Feb 21 1907

and that death occurred, on the date stated above, at 12 P M.

CAUSE OF DEATH (Secondary or Immediate.)

J Whitridge Williams

(DURATION) 13 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 13 DAYS

(Signed) J Whitridge Williams M.D.

Address 711 Eutaw St.

Date Feb 21 1907

Place of Burial Mt. Auburn Cem.

Date February 23 1907

Undertaker John H. Toadvine

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 W Lee St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Hawkins

{Residence, if in Baltimore, Give Street and Number.} 214 N. Lee st 98472

Duration of Residence in Baltimore. during life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH ..... 1 .....

AGE 42 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Bishop

(Address) 2021 Druid Hill Ave

Filed 2/23 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20th 1906 to Feb 20th 1907 that I last saw h~~er~~ alive on Feb 20th 1907, and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease & Albuminuria

2 months (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) R. M. Hall M.D.

Address 1019 Druid Hill Ave

Date Feb 22nd 1907

Place of Burial Mt. Auburn Cem.

Date Feb. 23 1907

Undertaker John H. Padrin

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... 98473 Registered No. 2/V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis A Schwartz

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH ..... 1 .....

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Artist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 2/23 1907 HARRY C. ANDREAS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF ~~DEATH~~ Feb. 21 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1907 to Feb. 21 1907 that I last saw h.im alive on Feb. 21 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

1st Hemorrhage

..... (DURATION) — DAYS

Contributory (Primary) Pulmonary T.B. (DURATION) — DAYS

(Signed) R R Konig M.D.

Address Bay View Asylum

Date Feby 22" 1907

Place of Burial Sacred Heart

Date Feby. 23" 1907

Undertaker Eraser & Spence

Address 118 & 120 W. Mt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2

98474 Registered No. B 98474

CERTIFICATE OF DEATH.

167

(Place of Death.) No. Univ of Maryland Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Harris

{Residence, if in Baltimore, Give Street and Number.} at 520 Dover St

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Washington DC

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wallbridge Brown

(Address) 520 dover st

Filed 2/23 1907

EARLY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22 1907

I HEREBY CERTIFY, That I attended deceased from As before 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Toxaemia following burns from gasoline explosion involving one third the body surface

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 22 DAYS

(Signed) J. D. Schultz M.D.

Address 711 W Lanvale

Date Feb 22 1907

Place of Burial Mt Auburn cemetery

Date 25 Feb 1907

Undertaker Geo L Harper

Address 679 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — 98475 — Registered No. B 98475

CERTIFICATE OF DEATH.

(Place of Death.) No. 635 N. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James J. Greenwell.

{Residence, if in Baltimore, Give Street and Number.} 635 N. Fulton Ave

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 10 1863

AGE 43 years, 4 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James C. Greenwell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary A. Slater

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C B Greenwell

(Address) 635 N. Fulton ave

Filed

190 HARRY G. ANDREWS Registrar.
PERMIT CLERK.

WM. J. C. DULANY CO.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22 1907

I HEREBY CERTIFY, That I attended deceased from Feb 14 1907 to Feb 22 1907 that I last saw h[illegible] alive on Feb 22 1907, and that death occurred, on the date stated above, at 8.45 a M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy Hemorrhage
Chronic Parenchymatous Nephritis

(DURATION) DAYS

Contributory (Primary) Asthenia

(DURATION) DAYS

(Signed) M B Burch M.D.

Address 828 N. Carrollton Ave

Date Feb 22 1907

Place of Burial Abells Woods St Marys Co Md

Date Feb 23 1907

Undertaker F A Kranse & Bro

Address 703 Hanover St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

98476 Registered No. B 98476

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1608 N. Gay St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Richard Smith

{Residence, if in Baltimore, Give Street and Number.} 1608 N. Gay St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR wh

DATE OF BIRTH June 13 1860

AGE 46 years, 8 months, 9 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) South Carolina

FULL NAME OF FATHER James Richard Smith

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER Eliza A. Soper

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary S Smith

(Address) 1608 N. Gay St.

Filed 2/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 22, 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1907 to death 1907

that I last saw him alive on Feb. 15, 1907,

and that death occurred, on the date stated above, at 4.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 17 mos. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date Feb. 22, 1907

Place of Burial Oak Lawn

Date Feb. 25 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27

98177 Registered No. B 98177

CERTIFICATE OF DEATH.

27 ✓

(Place of Death.) No. 1225 Durst Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H Small

{ Residence, if in Baltimore, Give Street and Number. } 1225 Durst Al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: June 23 1853

AGE: 53 years, 7 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): Dont know

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Dont know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary V Small wife

(Address) 1225 Durst Al

Filed 2/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 21 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 6 Mos

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Thos Feinstein M.D.

Address Coroner

Date February 22 1907

Place of Burial Cedar Hill Cemetery

Date February 23 1907

Undertaker Edward J Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 98479

Registered No. B 98479

CERTIFICATE OF DEATH. 27 V

Place of Death.) No. 1117 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Schlang

{Residence, if in Baltimore, Give Street and Number.} 1117 S. Charles

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 26th 1884

AGE: 23 years, — months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Cuba

FULL NAME OF FATHER: Joseph Schlang

BIRTHPLACE OF FATHER (State or country): Cuba

MAIDEN NAME OF MOTHER: Elizabeth Schneller

BIRTHPLACE OF MOTHER (State or country): Cuba

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Schlang (mother)

(Address) 1117 S Charles

Filed 2/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21st 1907

I HEREBY CERTIFY, That I attended deceased from Feb 19th 1906 to Feb 21st 1907

that I last saw him alive on Feb 20th 1907,

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate

Phthisis Pulmonalis

One Year (DURATION) DAYS

Contributory (Primary.)

Prostration (DURATION) 16 DAYS

(Signed) Chas L. Puddenhelm M.D.

Address 418 S. Paca St

Date Feb 21st 1907

Place of Burial Western Cem

Date Feb 24th 1907

Undertaker B. Schloman & Son

Address 109 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98178

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98178

City of Baltimore, (No. 2724, North Charles St.; Ward

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura V. Leib

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penn Yorke Co. Pa.

FULL NAME OF FATHER: Francis A. Kork.

BIRTHPLACE OF FATHER (State or country): York Pa

MAIDEN NAME OF MOTHER: Annie Marie McHuff.

BIRTHPLACE OF MOTHER (State or country): Silsbury Pa.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Mitchell Jr

(Address) 1201 W. Fayette St

Filed 2/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to Feb 22 1907

that I last saw h her alive on Feb 22 1907.

and that death occurred, on the date stated above, at 10-30 P. M. The CAUSE OF DEATH was as follows:

Disease of Heart. Valvular

Dropsy

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J. S. Barnard M. D.

Feb 22 1907 (Address) 2127 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: York Pa.

DATE OF BURIAL: Feby. 23 1907

UNDERTAKER: E. M. Mitchell

ADDRESS: 120 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

98480

Registered No. B

CERTIFICATE OF DEATH.

98480
94 ✓

(Place of Death.) No. [redacted] St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Andrews

{Residence, if in Baltimore, Give Street and Number.} 812 Leadenhall St

Duration of Residence in Baltimore. 28 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 63 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Dorchester Co. Md

FULL NAME OF FATHER: John Salisbury

BIRTHPLACE OF FATHER (State or country): Dorchester Co. Md

MAIDEN NAME OF MOTHER: Mary E Johnson

BIRTHPLACE OF MOTHER (State or country): Dorchester Co. md

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Gross

(Address) 812 Leadenhall St

Filed 2/23 190 7 ✓

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 21 190 7

I HEREBY CERTIFY, That I attended deceased from Feb 15 190 to Feb 24 190 7

that I last saw her alive on Feb 21 190 7.

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 7 DAYS

Con'tributory (Primary. Acute Nephritis

(DURATION) 7 DAYS

(Signed) C W Force M.D.

Address 1125 Ramsay

Date Feb 27 190 7 ✓

Place of Burial Laurel St

Date Feb 24 190 7

Undertaker G. L. Brown and Son

Address 108 N. Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 98481 Registered No. B 98481

CERTIFICATE OF DEATH.

(Place of Death.) No. 1619 Millimon St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Clara L Hanna

{Residence, if in Baltimore, Give Street and Number.} 1619 Millimon St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 24 Nov 1861

AGE: 45 years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Caspar Schneider

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Clara A Bruse

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James C Hanna

(Address) 1619 Millimon St

Filed 2/23 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 22d 1907

I HEREBY CERTIFY, That I attended deceased from Feby 22 1907 to ——— 190—

that I last saw h alive on Feby 22 1907

and that death occurred, on the date stated above, at ——— P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) ———

(DURATION) DAYS

(Signed) Edw. M. Smgrowal M.D.

Address 5 N. Washington St

Date Feby 23d 1907

Place of Burial Immanuel Cemetery

Date Feb 25 1907

Undertaker Louis Hermann

Address 6 S Caroline St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

98482

Registered No. B 98482

CERTIFICATE OF DEATH.

(Place of Death.) No. 1266 James St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Kiernan

{Residence, if in Baltimore, Give Street and Number.} 1266 James St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: 1

AGE: 61 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: — —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Griffin

(Address)

Filed 2/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 21st 1907

I HEREBY CERTIFY, That I attended deceased from Febry 10 1907 to Febry 21st 1907 that I last saw h[illegible] alive on Febry 21st 1907, and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

2 hours. (DURATION) 1 DAYS

Contributory (Primary.) Consumption 2 months (DURATION) DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard St

Date Febry 23d 1907

Place of Burial New Cathedral

Date Feb. 25th 1907

Undertaker Henry. L Branning

Address 5. S Eppleton st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

98483

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98483

City of Baltimore, (No. 926 Pennsylvania Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis G. Duhurst

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct (Month) 12 (Day) 1843 (Year)

AGE: 63 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Benjamin Duhurst

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Elizabeth Buckholder

BIRTHPLACE OF MOTHER (State or country): Penn

OCCUPATION OF DECEASED: Restaurant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alice V Duhurst

(Address) 926 Penn Ave

Filed 2/23 1907

HENRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 14 1907 to Feb 21 1907

that I last saw h[e] alive on Feb 20 1907,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Myocarditis, fatty degeneration of Heart

(DURATION) 4 wks DAYS

Contributory Arteriosclerosis

(DURATION) 3 years DAYS

(Signed) John Haussmann M. D.

Feb 22 1907 (Address) 7 N Stricker

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: National Penn

DATE OF BURIAL: Feb 24 1907

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 98484 — Registered No. B 98484

66 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 822 Harmis St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca Preiss

{Residence, if in Baltimore, Give Street and Number.} 822 Harmis St. near of Ensn St.

Duration of Residence in Baltimore 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — / 1

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Rebecca Howard

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 822 Harmon St

Filed 2/23 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 21, 1907

I HEREBY CERTIFY, That I attended deceased from January 1 1905 to Feb. 21 1907 that I last saw him alive on Feb 21 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) 2 yrs DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) P. E. Lilly M.D.

Address 2001 Druid Hill Ave

Date Feb. 21, 1907

Place of Burial Abington Harford co. Jewell Station

Date Feb 23 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9

98485 Registered No. B 98485

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 ~~Chestnut~~ East St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Frank Simmons

{Residence, if in Baltimore, Give Street and Number.} 130 ~~Chestnut~~ East

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) His Wife

(Address)

Filed 2/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw him alive on ... 190 ...

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease

... (DURATION) ... DAYS

Contributory (Primary) ...

... (DURATION) ... DAYS

(Signed) Benj. U. Hayden M.D.

Address 1216 N. Caroline St

Date Feb. 21st 1907

Place of Burial Asbury Cemetery

Date Feb 24 1907

Undertaker R. McKenzie Watt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

98486 Registered No. B 98486

CERTIFICATE OF DEATH.

(Place of Death.) No. 2210 Mura St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas D E Bonfer

{Residence, if in Baltimore, Give Street and Number.} 2210 Mura Society

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: June 6 1902

AGE: 4 years, 8 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): maryland

FULL NAME OF FATHER: John Jos Fousek

BIRTHPLACE OF FATHER (State or country): maryland

MAIDEN NAME OF MOTHER: Mary Pokorny

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Fousek

(Address) 803 N. Durham St.

Filed 2/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22 1907

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to Feb 22 1907

that I last saw h im alive on Feb 23 1907,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) D.E. Bressler M.D.

Address 1106 N Patterson Park

Date Feb 22 1907

Place of Burial Mt. Carmel

Date Feb 25 1907

Undertaker Walter W. Deal

Address 901 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 9848 — Registered No. B 9848

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Brehms Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Valentine Miller

{Residence, if in Baltimore, Give Street and Number.} As above

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 75 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jos. Miller

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lane

(Address) No 1 Brehms Lane

Filed 2/23 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 21st 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 18th 1907 to Feb. 21st 1907 that I last saw h[illegible] alive on Feb. 21st 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm D. Corse M.D.

Address Gardenville Md.

Date Feb. 22d 1907

Place of Burial Holy Redeemer

Date Feb 23rd 1907

Undertaker Henry Stuck Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

98488 Registered No. B 98486

CERTIFICATE OF DEATH.

(Place of Death.) No. 40 E York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Frederick Davis

{Residence, if in Baltimore, Give Street and Number.} 40 E. York St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 24 1862

AGE: 44 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Daniel Davis

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Caroline Linie

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. A Guy (uncle)

(Address) 2023 Mt Hunnay St

Filed 2/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 20 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~ that I last saw h alive on 1907, and that death occurred, on the date stated above, at 1250 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(DURATION) DAYS

(Signed) C. Beutenmuller M.D.

Address Coroner

Date February 21 1907

Place of Burial Baltimore Cemetery

Date Feb 23 1907

Undertaker Henry Keck & Son

Address 1306 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

98489 Registered No. B 98489

CERTIFICATE OF DEATH.

8/V

(Place of Death.) No. 2226 Madison Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louise A Wartman

{Residence, if in Baltimore, Give Street and Number.} 2226 Madison Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 31 1832

AGE: 75 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Michell K Wartman

BIRTHPLACE OF FATHER (State or country): Pensylvania

MAIDEN NAME OF MOTHER: Dorothy Hoffman

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant H. H. Goodman

Address 2226 Madison Ave

Filed 2/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 22 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1906 to Feb. 22 1907

that I last saw h[illegible] alive on Feb. 22 1907.

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate.)

Oedema of brain & lungs.

(DURATION) 2 DAYS

Contributory (Primary.) Arterio Sclerosis

(DURATION) 15 Yrs. DATE

(Signed) H. H. Goodman M.D.

Address 1204 Madison Ave

Date Feb. 23 1907

Place of Burial London Park

Date Feb 24th 1907

Undertaker Geo J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 98490 — *Registered No. B* 98490

93r

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 201 Forest *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth McThomas

{Residence, if in Baltimore, Give Street and Number.} 201 Forest St

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Brown

DATE OF BIRTH: Feb 21st 1907

AGE: 56 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. Y. City

FULL NAME OF FATHER: John Jackson

BIRTHPLACE OF FATHER (State or country): N. Y. City

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): N. Y. City.

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry T McThomas (his mark)

(Address) 2017 Forest St

Filed Feb 25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 24th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 13th 1907 to Feb 24th 1907

that I last saw h[illegible] alive on Feb 19th 1907,

and that death occurred, on the date stated above, at 9-45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary.) Cardiac Hypertrophy

Lobar Pneumonia (DURATION) DAYS

(Signed) W. Wilson M.D.

Address 1220 E. Fayette St

Date Feb 27 1907

Place of Burial Osbury Cemetery

Date Feb 24 1907

Undertaker Chas G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

921

CERTIFICATE OF DEATH.

Registered No. B 98491

City of Baltimore, (No. 615 W. Lanvale St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Elvin Diggs Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Nov 2 (Month) (Day) 1907 (Year)

AGE: ~~years~~, 4 months, ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Samuel Tayloy

BIRTHPLACE OF FATHER (State or country): Chunkatuge Va

MAIDEN NAME OF MOTHER: Clara Pitts

BIRTHPLACE OF MOTHER (State or country): Berlin Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Taylor

Address 615 Lanvale St

Filed Feb 23 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby. 21st 1907 to Feby 22 1907

that I last saw him alive on Feby 22 1907,

and that death occurred, on the date stated above, at 4.20 A. M. The CAUSE OF DEATH was as follows:

Broncho-pneumonia.

(DURATION) 5 DAYS

Contributory Exhaustion.

(DURATION) 1 DAYS

(Signed) Warren F. Thielman M.D.

Feby 23 1907 (Address) 1204 W. Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Forest Lawn

DATE OF BURIAL: Feb 23 1907

UNDERTAKER: J H Orme & Son

ADDRESS: 1222 Penna Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 98492 Registered No. B 98492

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 206 W. Washington St (House.) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Evans

{Residence, if in Baltimore, Give Street and Number.} 206 Washington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: February 12 1

AGE: ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Edward T. Evans

BIRTHPLACE OF FATHER (State or country): State of Maryland

MAIDEN NAME OF MOTHER: Catherine Sondergeld

BIRTHPLACE OF MOTHER (State or country): State of Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward T. Evans

(Address) 206 Washington St

Filed Feb. 23 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 22d 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2 Th 1907 to Feb 22 1907

that I last saw h[illegible] alive on Feb 22d 1907

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Premature birth

7 months child

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) H. O. Brown M.D.

Address 663 Greenmount Ave

Date Feb 23rd 1907

Place of Burial Baltimore Cemetery

Date Feb 23 1907

Undertaker Henry Hauke & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

98483 Registered No. B 98483

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1117 Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Laura Sullivan

{Residence, if in Baltimore, Give Street and Number.} 1117 Valley st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 4th 1905

AGE: 1 years, 10 months, 18 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Alfred E Sullivan

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Kate Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred E Sullivan

(Address) 1117 Valley st

Filed Feb 23 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby - 22 1907

I HEREBY CERTIFY, That I attended deceased from Feby 12 1907 to Feby 22 1907 that I last saw her alive on Feby 21 1907, and that death occurred, on the date stated above, at 5¼ A.M. CAUSE OF DEATH (Secondary or Immediate) Broncho Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Convulsions

(DURATION) 1 DAYS

(Signed) Henry C. Okell M.D.

Address 1703 W. Fayette St

Date Feby 22 1907

Place of Burial Greenmount Cemetary

Date February 24th 1907

Undertaker George Sotillin & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 98494

Ward 7

Registered No. B 98494

26 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Toplowski

{ Residence, if in Baltimore, Give Street and Number. } 1603 Alice Ann St.

Duration of Residence in Baltimore. 1905.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Toplowski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Marcinkowski

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Toplowski (Mother)

(Address) 1603 Alice Anna

Filed Feb 22 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 22 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to Feb 22 1907 that I last saw h.im alive on Feb 22 1907, and that death occurred, on the date stated above, at 4 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Respiratory Paralysis

(DURATION) ..... DAYS

Contributory (Primary.) Tuberculosis

Meningitis (DURATION) 4 Weeks DAYS

(Signed) Scott Pfleger M.D.

Address St. Joseph's Hosp.

Date Feb 22 1907

Place of Burial Holy Rosary.

Date Monday. Feby 25. 1907

Undertaker W. F. Sadowski.

Address 703 S. Conn. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

98495

CERTIFICATE OF DEATH.

City of Baltimore, (No. 1411 E. Preston St. Ward) Registered No. B

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katie Hill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Hill

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Katie Ringgold

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Hill

(Address) 1411 E Preston St

Filed 2/23/1907 HARRY D. WALKER, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 21 1907 to 22 Feb 1907 that I last saw h alive on Feb 21 1907, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 1 DAYS

Contributory Dentition.

(DURATION) 5 DAYS

(Signed) J. Thomas Nelson M. D.

2/23 1907 (Address) 1800 E Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Pleasant Cem. | DATE OF BURIAL: Feb 24 1907

UNDERTAKER: Wm. J. Johnson | ADDRESS: 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

98406

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 628, Sinnet St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: unknown (Month) 1 (Day) (Year)

AGE: about 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto. Co. Md.

FULL NAME OF FATHER: Samuel Dunn

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Williams Griffin

(Address) 628 Sinnet St

Filed 2/23/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 1 1907 to Feby 20 1907

that I last saw her alive on Feby 19 1907,

and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 20 DAYS

Contributory Exhaustion

Heart Failure (DURATION) ..... DAYS

(Signed) Geo Dunn M.D.

Feby 23 1907 (Address) 923 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Zion Cem	Feb 24 1907
UNDERTAKER	**ADDRESS**
M J Johnson	614 Baker

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore. 98497

Ward 18 98497 Registered No. B

CERTIFICATE OF DEATH. 19 ✓

(Place of Death.) No. 841 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Gallahan

{Residence, if in Baltimore, Give Street and Number.} Above

Duration of Residence in Baltimore. 10 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Dayton Ohio

FULL NAME OF FATHER: James R Gallaher

BIRTHPLACE OF FATHER (State or country): W Va

MAIDEN NAME OF MOTHER: Annie Brusman

BIRTHPLACE OF MOTHER (State or country): Ohio

OCCUPATION OF DECEASED: Machine Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Agnes Russum

(Address) 754 Dolphin St

Filed 2/23/ 1907 HARRY J. HOOKS, CITY REGISTER, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23d 1907

I HEREBY CERTIFY, That I attended deceased from Feb 10 1907 to Feb 23 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease & Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Schutt M.D. coroner

Address 211 N. Lanvale

Date Feb 23 1907

Place of Burial Dayton Ohio

Date Feby 25-th 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in said city

98498

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98498

City of Baltimore, (No. 26 S. Front St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Friedman

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: David Friedman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Minnie Jacobs

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Friedman

(Address) 26 S Front st

Filed 2/24 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 2 (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 2/18 1907 to 2/22 1907

that I last saw her alive on 2/22 1907,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Burn Chest

Pneumonia

..... (DURATION) ..... DAYS

Contributory Cardiac Asthenia

..... (DURATION) ..... DAYS

(Signed) S. C. Katzoff M. D.

2/23 1907 (Address) 116 W. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Philadelphia Penn

DATE OF BURIAL: Feb 24 1907

UNDERTAKER: M. J. Levinson

ADDRESS: 113 Lombard

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

98499

Registered No. B 98499

64 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1223 E. St. Josephs Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hamilton Barnes

{Residence, if in Baltimore, Give Street and Number.} 1223 E Preston st

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 7th 1837

AGE: 69 years, 11 months, 14 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Costum House Employe

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida Barnes

(Address) 1223 E Preston

Filed 2/24 1907

HARRY G. ... Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Hemorrhage

Sudden

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) ... M.D.

Address ...

Date ... 190...

Place of Burial Crumptons Lutheran Ch

Date February 25th 1907

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 98500 — Registered No. B 98500

CERTIFICATE OF DEATH.

1/r

(Place of Death.) No. 400 N Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecelia Crumley

{Residence, if in Baltimore, Give Street and Number.} 400 N Eden

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: B

DATE OF BIRTH: 1

AGE: + years, + months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Iniormant) Chas B. Jones Esq

(Address) 400 Eden st

Filed 2/24 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 11.56 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(Eclampsia)

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Fredk Cumulen M.D.

Address Coroners Office

Date Feb 23-07 190

Place of Burial Laurel

Date Feb 24 1907

Undertaker R A Elliott

Address 516 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 98501 Registered No. B 98501

CERTIFICATE OF DEATH.

(Place of Death.) No. S.E. cor Liberty Road and Chesnut ave Walbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Broughton

{Residence, if in Baltimore, Give Street and Number.} Chesnut ave. Walbrook

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX White | COLOR Male

DATE OF BIRTH Dec 10 1825

AGE 81 years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER William Broughton

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Otis Tall Waverly

(Address) SE cor Liberty Road and Chesnut

Filed 2/24 1907 HARRY C. [illegible] PERKIT CITY Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 22 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1906 to Feb 22 1907 that I last saw h in alive on Feb 22 1907 and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) Lev R Graham M.D.

Address 725 Columbia ave

Date Feb 23 1907

Place of Burial Locomoke Md

Date FEB 25 1907 1907

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 98502 — Registered No. B 98502

CERTIFICATE OF DEATH.

64V

(Place of Death.) No. 117 Warren Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Allen D Spencer

{Residence, if in Baltimore, Give Street and Number.} 117 Warren Ave.

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 9. 1836

AGE: 71 years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Kentucky

FULL NAME OF FATHER: William Spencer

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER: Elza Kellum

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Marine

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Allen D Spencer Jr.

(Address) 117 Warren Ave

Filed 2/24 1907

HARRY C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 22 1907

I HEREBY CERTIFY, That I attended deceased from Feb 21st 1907 to Feb 22nd 1907

that I last saw h[illegible] alive on Feb 22nd 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1 DAYS

Contributory (Primary.) Paralysis

(DURATION) 1 DAYS

(Signed) H. W. Webster M.D.

Address 600 E Chas St.

Date Feb 24th 1907

Place of Burial Mt Olivet Cemetery

Date Feb 25 1907

Undertaker Armstrong Denny Co

Address 716 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 98503 — Registered No. B 98503

934

CERTIFICATE OF DEATH.

(Place of Death.) No. 524 S Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Lohn.

{Residence, if in Baltimore, Give Street and Number.} 524 S Wolfe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female — COLOR white

DATE OF BIRTH Mr. 20th 1904

AGE 2 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Lohn

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Alma Woff.

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Lohn

(Address) 3945. Wolfe St

Filed 2/24 1907 — [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 14th 1907 to Feb 22nd 1907

that I last saw h[illegible] alive on Feb 22nd 1907.

and that death occurred, on the date stated above, at 3 3.5 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) DAYS

(Signed) Emil Giering M.D.

Address 1937 Gilmor Ave.

Date Feb 23rd 1907

Place of Burial 1st Evangelical Lutheran

Date February 24th 1907

Undertaker H. GARDNER & SONS.

Address 1708-1710 Orleans Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., Baltimore

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 9850 4 — Registered No. B 9850 4

CERTIFICATE OF DEATH.

(Place of Death.) No. 1513 Lancaster St. — St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Jacob Engelhardt

{ Residence, if in Baltimore, Give Street and Number. } 40 years 1513 Lancaster.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: November 1826

AGE: 75 years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Sterling

(Address) 1513 Lancaster St.

Filed 2/24 190 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 22 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 16 1907 to Feb. 22 1907 that I last saw him alive on Feb. 22 1907, and that death occurred, on the date stated above, at 6½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Bronchial

Catarrh (DURATION) 37 DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Aliceanna St.

Date Feb. 13 1907

Place of Burial Mt Carmel Cem

Date February 25th 1907

Undertaker [illegible]

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 98505 Registered No. B

CERTIFICATE OF DEATH. 98505

(Place of Death.) No. Md Lying-in Hosp. Lieut. & Madison St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Susanna Bessie Walker

{Residence, if in Baltimore, Give Street and Number.} 651 Price St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Feb 11, 1907

AGE ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md Lying-in Hosp.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER Bessie Walker

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Gaskins

(Address) 651 Price

Filed 2/24 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to Feb 22 1907

that I last saw h alive on Feb 22 1907,

and that death occurred, on the date stated above, at 8:00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

Declined suicide birth as stated (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hospital

Date Feb 23, 1907

Place of Burial Mt Auburn

Date Feby 24th 11 1907 190

Undertaker Alex Hamilton

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 98506

Registered No. B 98506

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Schmidl

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 1870

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Franz Schmidl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maria Greibel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 2/24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23 1907

I HEREBY CERTIFY, That I attended deceased from Oct 3 1906 to Feb 23 1907

that I last saw h-m alive on Feb 23 1907.

and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsia.

(DURATION) DAYS

Contributory (Primary) Pulmonary TB.

(DURATION) DAYS

(Signed) R R Konmat M.D.

Address Bay View Hospital

Date Feb 23 1907

Place of Burial Holy Redeemer

Date Feb 25th 1907

Undertaker C. W. Dill

Address 810 Fredk. ave,

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98507

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

15-1 V

CERTIFICATE OF DEATH.

Registered No. B 98507

City of Baltimore, (No. 131 S. Caroline St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jennie Isaacson

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Feb. (Month) 22 (Day) 1903 Year)

AGE — years, — months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Sam Isaacson

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rae Lesbon

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Human

(Address) 131 S Caroline st

Filed 2/24 1907

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on 190,

and that death occurred, on the date stated above, at 4:30 P. M. The CAUSE OF DEATH was as follows:

Premature Labor

(DURATION) DAYS

Contributory —

(DURATION) DAYS

(Signed) M. Hirschman M. D.

2/23 1907 (Address) 900 E. Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Philip Rd Road Dale | DATE OF BURIAL Feb 24 1907

UNDERTAKER Mat Levinson | ADDRESS 138 Low St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 98508 Registered No. B 98508

CERTIFICATE OF DEATH.

(Place of Death.) No. 324 Rose St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James W Johnson 20

{Residence, if in Baltimore, Give Street and Number.} 324 Rose St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH April 12th 1906

AGE ..... years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James H. Johnson

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary E Howard

BIRTHPLACE OF MOTHER (State or country) North Hampton Co Va

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Johnson

(Address) 824 Rose St

Filed 2/24 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 22 1907

I HEREBY CERTIFY, That I attended deceased from Feb 19 1907 to Feb 22 1907

that I last saw h[illegible] alive on Feb 22 1907

and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Contributed

1d - Heart

(DURATION) 4 DAYS

Contributory (Primary.) Cold

(DURATION) 4 DAYS

(Signed) Dr H W Bernard M.D.

Address 708 Eutaw St

Date 2-23- 1907

Place of Burial Mt Auburn Cemetery

Date Feb 25th 1907

Undertaker George H. Hellmann

Address 1128 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 98509 — Registered No. B 93 V

CERTIFICATE OF DEATH.

Place of Death.) No. 518. N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriett Anne Watts

{ Residence, if in Baltimore, Give Street and Number. } 518. N. Mount St.

Duration of Residence in Baltimore. Fifteen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 12 1842

AGE: 65 years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm Brown

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Long Known

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. F. Watts

(Address) 518 N Mount St

Filed 2/24/1907 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Saturday Feb 23d 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Feb 23d 1907

that I last saw her alive on Feb 21st 1907,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Gradual (DURATION) DAYS

Contributory (Primary.) Interstitial Pneumonia aft 2 Months (DURATION) DAYS

(Signed) [illegible] M.D.

Address 607 N. Charles St

Date Feb 25 1907

Place of Burial Loudon Park

Date Feb — 25 — 1907

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

985.0

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

985.0

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 313, Old Frederick Road St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Christopher Maddox

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Not Known (Month) 1 (Day) ..... Year)

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Maddox

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Maddox

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maddox

(Address) 313 Old Mill Road

Filed 2/24/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 22nd 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 18th 1907 to Feby 22nd 1907 that I last saw him alive on Feby 22nd 1907, and that death occurred, on the date stated above, at 11.15 A. M. The CAUSE OF DEATH was as follows:

Grippe. Bronchitis

..... (DURATION) ..... DAYS

Contributory Disease of Heart

..... (DURATION) ..... DAYS

(Signed) John G. Holliday M. D.

Feby 24th 1907 (Address) 714 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Bonnie Brae

DATE OF BURIAL: Feb. 25th 1907

UNDERTAKER: Crowley Bros

ADDRESS: 357 N. Fulton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B 98511

179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin Lewis

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inft Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 2nd 1906

AGE: — years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Lewis

BIRTHPLACE OF FATHER (State or country): Boston

MAIDEN NAME OF MOTHER: Helen Lewis

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Helen Lewis

(Address) HARRY O. ANDREWS, PERMIT CLERK.

Filed Feb 25 1907 2-30 P.M.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to Feb 23 1907

that I last saw h— alive on Feb 23 1907,

and that death occurred, on the date stated above, at 9 A.M.

I. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) J K B Seegar M.D.

Address 1529 Park Ave

Date Feb 24th 1907

Place of Burial Mt Olivet Cemetery

Date Feb 25 1907

Undertaker W Maurice Routson

Address 230 N Greene St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18

98512 Registered No. B 98512

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 232 N. Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name J. Frederick List

{Residence, if in Baltimore, Give Street and Number.} 232 N. Fremont Ave

Duration of Residence in Baltimore. 57 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 31st 1847

AGE 59 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) State of New York

FULL NAME OF FATHER Frederick B. List

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lucretia K. Christ

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary List

(Address) 232 N. Fremont Ave

Filed 2/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 23rd 1907

I HEREBY CERTIFY, That I attended deceased from as before 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Apoplexy.

Found dead in bed.

out all day 2d (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Zeltwach M.D.

Address 211 N. Lanvale

Date Feb 23 1907

Place of Burial Baltimore Cemetery

Date Feb. 25rd 1907

Undertaker Jos. & Chas. H. Deufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 98513 — Registered No. B 98513

CERTIFICATE OF DEATH.

120 ✓

(Place of Death.) No. 1507 N. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emil Braje

{Residence, if in Baltimore, Give Street and Number.} 1507 N. Regester st

Duration of Residence in Baltimore. 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: white

DATE OF BIRTH: April 9th 1868

AGE: 39 years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): U

MAIDEN NAME OF MOTHER: U.

BIRTHPLACE OF MOTHER (State or country): U.

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Augusta Braje

(Address) 1507 N. Regester st

Filed 2/25 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

Interred by J.B.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 19 1907 to Feb. 23 1907 that I last saw him alive on Feb. 22 1907 and that death occurred, on the date stated above, at 3.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) — DAYS

Contributory (Primary.)

Endocarditis (DURATION) — DAYS

(Signed) Geo. Keller, M.D.

Address 1937 Eng. Ave

Date Feb. 23, 1907

Place of Burial Mt Carmel Cemetery

Date FEB 26 1907 190

Undertaker Christian Miller,

Address 2334 Jefferson Street. ✓

J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 98514 — *Registered No. B* 98514 / 66

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1705 Hoffe St. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. T. Macaubbin

{ Residence, if in Baltimore, Give Street and Number. } 1705 Hoffe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Joseph S. Macaubbin

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Rosa Kelly

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph S Macaubbin

(Address) 1705 Hoffe St

Filed 2/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 24 — 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia (acc)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred Gr Cummer M.D.

Address Cor nes n y s

Date Feb 24 — 07 190

Place of Burial New Cathedral Cemetery

Date Feb 25 190 7

Undertaker Henry Kreuk's Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

98515

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

920

CERTIFICATE OF DEATH.

Registered No. B 98515

City of Baltimore, (No. 14 Aberdeen St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joel Fishbein

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: March (Month) 1 (Day) 1905 (Year)

AGE: 1 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Nathan Fishbein

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rebecca Ackerman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Hyman

(Address) 14 Aberdeen St

Filed 2/25 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 17 1907 to Feb. 24 1907

that I last saw him alive on Feb. 24 1907,

and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

(DURATION) 8 DAYS

Contributory —

(DURATION) DAYS

(Signed) M. Hirschman M. D.

2/4 1907 (Address) 900 E. Balt. St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philip's Rd Rosedale — DATE OF BURIAL: Feb 25 1907

UNDERTAKER: May Levinson — ADDRESS: 1138 Lovest

WM. J. C. DULANY CO., Baltimore

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

14

98516

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98516

City of Baltimore, (No. 616 Pitcher St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth A. Frederick

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov (Month) 9 (Day) 1851 (Year)

AGE: 55 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: John R Tyrrell

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Agnes Lamb

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Frederick

(Address) 616 Pitcher St

Filed 2/25 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to Jan 1907

that I last saw h[illegible] alive on Jan – 1907,

and that death occurred, on the date stated above, at 12:30 P. M. The CAUSE OF DEATH was as follows:

1 Pitheliomatosis

Contributory Exhaustion (DURATION) DAYS

(DURATION) DAYS

(Signed) W S Love M. D.

Feb 23 1907 (Address) 836 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: LOUDON PARK — DATE OF BURIAL: FEB 26 1907

UNDERTAKER: Armstrong Denny Co. — ADDRESS: 715 Light Street.

WM. J. C. DULANY CO., Baltimore.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 98517 — Registered No. B 98517

10 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1011 Sommerset St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Balzer

{Residence, if in Baltimore, Give Street and Number.} 1011 Sommerset st.

Duration of Residence in Baltimore. 65 Jears

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Sept. 18 1819

AGE: 88 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Balzer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: /

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Balzer

(Address) 1930 E. Fayette st.

Filed 2/25 1907

HARRY O. INGRAM, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 24th 1907

I HEREBY CERTIFY, That I attended deceased from January 9th 1907 to February 24th 1907.

that I last saw h[im] alive on February 24th 1907

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

La Grippe

(DURATION) 3 Weeks DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Chas. A. Meyer M.D.

Address 1031 N. Caroline str.

Date February 25th 1907.

Place of Burial Holy Redeemer

Date Feb. 27 1907

Undertaker J. C. Dulany

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 98518 Registered No. B 98518

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Morgan

{Residence, if in Baltimore, Give Street and Number.} 25 years 421 McCulloh St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR ed

DATE OF BIRTH Don't Know

AGE 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER David Morgan

BIRTHPLACE OF FATHER (State or country) Chestertown Md

MAIDEN NAME OF MOTHER Matilda Blake

BIRTHPLACE OF MOTHER (State or country) Chestertown Md

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Morgan

(Address) 421 McCulloh.

Filed 2/25 1907 HARRY O. ANDREWS. FOREST GLENN Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24, 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to Nov. 1906 that I last saw h alive on Nov. 15, 1906 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Enterostasis & Malnutrition

(DURATION) DAYS

Contributory (Primary.) Gastric Carcinoma (DURATION) 10 to 18 mos DAYS

(Signed) H. Adw. Magruder, M.D.

Address 922 Madison Ave

Date Feb. 24, 1907

Place of Burial Mt Auburn Cem

Date Feby 26 1907

Undertaker Isaac Brown's

Address 565 Dolphin St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT [illegible]

Ward 10 — 98519 — Registered No. B 98519

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 823 N. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Demmert.

{ Residence, if in Baltimore, Give Street and Number. } 823 N Eden.

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 83 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) L. Goetz

(Address) McElderry & Carmelite

Filed 1/25 1907 HARRY O. ANDREWS FIRST CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24 1907.

I HEREBY CERTIFY, That I attended deceased from Feb. 4 1907 to Feb 24 1907

that I last saw h— alive on Feb 24 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 10 DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) W. E. Todd. M.D.

Address 1302 E. Monument St.

Date Feb 24 1907

Place of Burial New Cathedral

Date Feb. 27" 1907

Undertaker Mudell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward X

98520 Registered No. B 98520

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 W. German St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Schlutter

{Residence, if in Baltimore, Give Street and Number.} 715 W. German St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Gustabe Schlutter

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Dolhoff

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Park Police

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Schlutter

(Address) 715 W German

Filed 2/25/07 HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 23. 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1906 to February 23 1907

that I last saw him alive on Feb 21 1907,

and that death occurred, on the date stated above, at ... A. M. CAUSE OF DEATH (Secondary or Immediate)

1 Tuberculosis Pulmonalis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. W. Kemmeter M.D.

Address 800 Harlem Ave

Date February 24. 1907.

Place of Burial London Park

Date 2/25/07 190

Undertaker Wm J Schilling

Address 9 S. Pospleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 St

98521 Registered No. B 98521

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 2318 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank R Schultes

{Residence, if in Baltimore, Give Street and Number.} 2318 Canton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 1886

AGE: 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Lorenz Schultes

(Address) 2318 Canton Ave

Filed 2/25 1907

[illegible] CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 24th 1907.

I HEREBY CERTIFY, That I attended deceased from Dec. 27th 1906 to Feb. 24th 1907 that I last saw him alive on Feb. 24th 1907, and that death occurred, on the date stated above, at 11.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of the Lungs

half hour (DURATION) DAYS

Contributory (Primary) Acute miliary tuberculosis

seven weeks (DURATION) DAYS

(Signed) Fredk A. Consadi, M.D.

Address 1921 E. Baltimore St.

Date February 25th 1907.

Place of Burial St Germain Cem

Date Feb 25th 1907

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 98522 Registered No. B 98522

CERTIFICATE OF DEATH.

(Place of Death.) No. 533 N. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alexander Bassell

{Residence, if in Baltimore, Give Street and Number.} 533 N. Hoffman St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: Don't Know 1

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Dorchester County Md

FULL NAME OF FATHER: John Bassell

BIRTHPLACE OF FATHER (State or country): Dorchester County Md

MAIDEN NAME OF MOTHER: Sarah Hopkins

BIRTHPLACE OF MOTHER (State or country): Dorchester County Md

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margret Bassell

(Address) 533 N. Hoffman

Filed 2/25 1907 JAMES C. MORRIS, FIRST CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 23 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1907 to Feb 23 1907 that I last saw h[illegible] alive on Feb. 23 1907, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate) Mitral Insufficiency & degeneration —

(DURATION) 28 DAYS

Contributory (Primary.) Arterio-sclerosis — (DURATION) — DAYS

(Signed) Edward Wheatley M.D.

Address 1228 Dickeyville

Date Feb. 24 1907

Place of Burial Mt Auburn Cemetery

Date February 26 — 1907

Undertaker Isaac Brown

Address 565 N. Dolphin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 X 98523 Registered No. B 98523

45 V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Levin S. Somerville.

{Residence, if in Baltimore, Give Street and Number.} Calvert Co - Md. 307 E Lafayette av.

Duration of Residence in Baltimore. 6 Mo

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH —— 1 ——

AGE 48 years, — months, 4 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Calvert County Md

FULL NAME OF FATHER John Somerville

BIRTHPLACE OF FATHER (State or country) Calvert County Md

MAIDEN NAME OF MOTHER Mary E Stanford

BIRTHPLACE OF MOTHER (State or country) Calvert County Md

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel C Williams

(Address) 307 E Lafayette av

Filed 2/25 1907

[illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 25 1907

I HEREBY CERTIFY, That I attended deceased from Feb 9 1907 to Feb 25 1907

that I last saw him alive on Feb 25 1907

and that death occurred, on the date stated above, at 12 a m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Neck

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date February 25 1907

Place of Burial Owings Sta Calvert Co Md

Date Feby 25th 1907

Undertaker Wm Cook

Address 500 E North av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98524

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98524

City of Baltimore, (No. 940 Monroe St.; 23rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Aloisia J. Wenger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 20 (Day) 1830 (Year)

AGE: 76 years, 7 months, 4 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Wenger

(Address) 915 S. Chapel St.

Filed 2/25 1907 HARRY C. ARNOLD, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 25 1906 to Feb 24 1907 that I last saw h in alive on Feb 22 1907, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Partial Paralysis 2 months

(DURATION) 2 ~~months~~ ~~days~~

Contributory Rheumatism

(DURATION) V ~~Months~~

(Signed) Howard Lewis M. D.

Feb 26 1907 (Address) 915 S. Chapel St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Agnes

DATE OF BURIAL: Feb 27 1907

UNDERTAKER: Jos. Hunter

ADDRESS: 1318 Light

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

98525

Ward 15 — 98525 — Registered No. B 176

CERTIFICATE OF DEATH.

(Place of Death.) No. Hound on Pimlico Road & Park Heights Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stillborn Male

{Residence, if in Baltimore, Give Street and Number.} Stillborn.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE Unknown years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/25 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Tuesday Feb 19 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Stillborn at birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin Guttmacher M.D.

Address 1814 Chas St

Date Feb 20/07 190

Place of Burial COLLEGE OF P. & S

Date FEB 21 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

79

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22

98526 Registered No. B 98526

CERTIFICATE OF DEATH.

22 V

(Place of Death.) No. 105 W. York St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of John Wilson & Pauline Griffith

{ Residence, if in Baltimore, Give Street and Number. } 108 W York St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: February 6 1907

AGE: — years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Wilson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Pauline Griffith

BIRTHPLACE OF MOTHER (State or country): a a Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pauline Griffith (mother)

(Address) 108 W York St

Filed 2/25 190 7 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 19 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. Rustenhardt M.D.

Address Coroner

Date February 20 1907

Place of Burial COLLEGE OF P. & S

Date FEB 21 1907 190

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 98527 — Registered No. B 98527

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1307 Pulaman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Virdel Rasin

{Residence, if in Baltimore, Give Street and Number.} 1307 Pulaman st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: Jan 26th 1905

AGE: 2 years, — months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Dania Rasin

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Adina Wright

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adina Wright

(Address) 1307 Pulaman St

Filed 2/25 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 21 st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

from birth (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Oscar Baldwin M.D.

Address 710 Log. av. (Coroner)

Date Feby 21 st 1907

Place of Burial COLLEGE OF P. & S.

Date FEB 22 1907 190 ....

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., Baltimore

FOR ANATOMICAL PURPOSES.

Without Inquest

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF [illegible]

Ward 1

98528

98528

Registered No. B

CERTIFICATE OF DEATH.

15 W

(Place of Death.) No. Johns Hopkins Hospital. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Chas. & Annie Attems

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: Jan 31st 1907

AGE: ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Charles Attems

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Annie Hudnell

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/25 1907

[illegible] CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 20 1907

I HEREBY CERTIFY, That I attended deceased from Feb 8 1907 to Feb. 20 1907

that I last saw h[illegible] alive on Feb. 20 1907,

and that death occurred, on the date stated above, at 6.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis from, cod inperfurin

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Feb. 20 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 22 1907 1907

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

80

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 98529

Ward 7 98529 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Annie Greenwald.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 16 1907

AGE ..... years, ... months, 28 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER Annie Greenwald.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/25 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan 16 1907 to Feb. 12 1907 that I last saw him alive on Feb. 12 1907, and that death occurred, on the date stated above, at 9 A.M.

CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) A. S. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Feb 13 1907

Place of Death JOHNS HOPKINS HOSPITAL FEB 22 1907

Date ..... 190...

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

81

80

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 98530 — Registered No. B 98530

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Ada Waters

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Black.
DATE OF BIRTH	Feb. 3. 1907
AGE	..... years, ... months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	?
BIRTHPLACE OF FATHER (State or country)	?
MAIDEN NAME OF MOTHER	Ada Waters.
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/25 1907 — Registrar

HARRY C. ANTHONY
FERRIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21st. 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 3. 1907 to Feb. 21. 1907

that I last saw him alive on Feb. 21. 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis
from cord infection.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H. C. Feldmann M.D.

Address Johns Hopkins Hospital.

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 22 1907 190

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., Baltimore

FOR ANALYTICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward V

98531

Registered No. B 98531

56 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number

Full Name Aaron Dill

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday. Supt.

(Address) BAY VIEW ASYLUM.

Filed 2/25 1907

BARNEY O. ANDREWS, FAMILY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 21. 1907

I HEREBY CERTIFY, That I attended deceased from Feby. 16. 1907 to Feby. 21. 1907 that I last saw h[illegible] alive on Feby. 21. 1907 and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Chr. nephritis, myo-

- Aortic & Chr. valvular heart disease (DURATION) [illegible]

(Signed) D. M. Edwards M.D.

Address Bay View Asylum

Date February 21. 1907

Place of Death JOHNS HOPKINS HOSPITAL

Date FEB 22 1907 190

Undertaker William H. Woodson

Address 1811 Aisquith St

FOR ANATOMICAL PURPOSE

WM. J. C. DULANY CO., BALTIMORE.

81

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 98532 *Registered No. B* 98532

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

2 *Full Name* Horace Gray.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 87 *years*, ... *months*, ... *days*

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt

(Address) BAY VIEW ASYLUM.

Filed 2/25 1907 CLERK OF ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 21 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Feb. 21 1907 that I last saw h.. alive on Feb. 21 1907, and that death occurred, on the date atated above, at 5 ~~4~~ M. CAUSE OF DEATH (Secondary or Immediate

Generalized Sclerosis, Chronic diffuse Nephritis, Fibroma Myocarditis (DURATION) ..... DAYS

Con'tributory (Primary) Calcification of Coronary Arteries (DURATION) ..... DAYS

(Signed) R R Nomis M.D.

Address Bay View Hospital

Date Feb. 22 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 22 1907 190

Undertaker William H Wooden

Address 184 Aisquith St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

81

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 98533 *Registered No. B* 98533

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Dynan

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 43 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 2/25 1907 BARRY O'[illegible] Registrar PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to Feb 22 1907 that I last saw h in alive on Feb 22 1907, and that death occurred, on the date stated above, at 6.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute insanity

Acute delirium

(DURATION) — DAYS

Contributory (Primary) Arteriosclerosis.

Chronic nephritis (DURATION) — DAYS

(Signed) R R Norris M.D.

Address

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 22 1907 190

Undertaker William H Woodin

Address 18 E Lexington St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

81

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

98534 Registered No. B 98534

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Barnes

{Residence, if in Baltimore, Give Street and Number.} Spring Grove Point. Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: Feb. 21 1907

AGE: 21 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) ~

(Address)

Filed 2/25 1907

[illegible] CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 21 1907

I HEREBY CERTIFY, That I attended deceased from Feb 17 1907 to Feb 21 1907 that I last saw h[illegible] alive on Feb. 20 1907, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary.) Measles, followed by Lobar Pneumonia (DURATION) DAYS

(Signed) Chas. L. Grimmage M.D.

Address St Joseph Hospital

Date Feb 22 1907

Place of Burial JOHNS HOPKINS HOSP[illegible]

Date FEB 23 [illegible] 1907

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOS[illegible]

WM. J. C. DULANY CO., BALTIMORE.

82

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 11

98535 Registered No. B 98535

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Fay

{Residence, if in Baltimore, Give Street and Number.} 322 Hoffman St

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/25 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 22, 1907 to Feb 22, 1907 that I last saw her alive on Feb 22 1907, and that death occurred, on the date stated above, at 2-00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General peritonitis from ruptured tubo-ovarian abscess.

..... (DURATION) ..... DAYS

Contributory (Primary.) Septicaemia

..... (DURATION) ..... DAYS

(Signed) C. H. Landes M.D.

Address Md. Gen. Hosp.

Date Feb 23, 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Feb 28 1907

Undertaker Commissioner Health,

Address W Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

82

HEALTH DEPARTMENT, City of Baltimore.

Ward 98536 *Registered No. B* 98536

CERTIFICATE OF DEATH.

237

(Place of Death.) *No.* Bay View Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Tyler

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	1
AGE	15 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 2/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Feb 22 1907 that I last saw her alive on Feb 22 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion + Pneumonia

T.B. Kidney Epilepsy.

Contributory (Primary) (DURATION) DAYS

(DURATION) DAYS

(Signed) R R Bonnie M.D.

Address Bay View Hospital

Date Feb 23 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Feb 23 1907

Undertaker William J Woolen

Address 411 Aisquith st

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13

Registered No. B 98537

98537

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 154 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Irving Watrous

{Residence, if in Baltimore, Give Street and Number.} 154 Falls Road

Duration of Residence in Baltimore. 4 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Apr. 14th 1905

AGE: 1 years, 10 months, 10 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Illinois

FULL NAME OF FATHER: Elias Oliver Watrous

BIRTHPLACE OF FATHER (State or country): Connecticut

MAIDEN NAME OF MOTHER: Julia Almira Crouch

BIRTHPLACE OF MOTHER (State or country): Connecticut

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia A. Watrous

(Address) 154 Falls Rd.

Filed Feb 25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 24th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 23d 1907 to Feb 24th 1907

that I last saw h was alive on Feb 23d 1907

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Entero-colitis

(DURATION) 21 DAYS

(Signed) Geo. T. Shower M.D.

Address 1421 Roland Ave

Date Apr 24th 1907

Place of Burial St. Mary's Hampden

Date February 25th 1907

Undertaker Horace Burgess

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — 98539 — Registered No. B 98539

138 V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Norris

{Residence, if in Baltimore, Give Street and Number.} 1045 Cross st Ca.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR Col.

DATE OF BIRTH — 1 —

AGE 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo. Knight

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary James

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Knight.

(Address) 1045 Cross st

Filed 2/25 1907 HARRY C. KNIGHT, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 24 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 23 1907 to Feb. 24 1907

that I last saw her alive on Feb. 24 1907,

and that death occurred, on the date stated above, at 12 a.m. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia Convulsions Uraemia

(DURATION) DAYS

Contributory (Primary.) Pregnancy

Nephritis (DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date February 25 1907

Place of Burial Mt. Auburn Cem

Date Feb. 27th 1907

Undertaker S. L. Brown & Son

Address 108 W. Monty st.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 98538 — Registered No. B 98538

12 V

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Brown

{ Residence, if in Baltimore, Give Street and Number. } # 804 W. Pratt St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 47 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Do not know

BIRTHPLACE OF FATHER (State or country): Do not know

MAIDEN NAME OF MOTHER: Do not know

BIRTHPLACE OF MOTHER (State or country): Do not know

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Phelps

(Address) 407 Guy St.

Filed 2/25 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Dec 4, 1906 to ——— 190—

that I last saw h— alive on Feb 21 1907,

and that death occurred, on the date stated above, at———

———M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Cystitis & Cystitis

(DURATION) DAYS

(Signed) E. W. White M.D.

Address University Hospital

Date Feb 23 1907

Place of Burial Western Cemetery

Date Feby 25 1907

Undertaker J. Amos & Co

Address 754 N. Eutaw St.

WM. J. C. DULANY CO., Engravers

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — 98540 — Registered No. B 98540

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1026 Stocton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jannie Blackburn

{Residence, if in Baltimore, Give Street and Number.} 1026 Stocton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 3rd of Nov. 1901

AGE: 5 years, 3 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James Blackburn

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Barnes

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Blackburn

(Address) 1026 Stocton St

Filed 2/25 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 22nd 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastro-Enteritis

(DURATION) 3 DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) Thos Balduin M.D.

Address 700 Lafayette Ave. City

Date Feby 22nd 1907

Place of Burial Mt Auburn

Date Feby 25th 1907

Undertaker Alex Hemsley

Address 5780 Biddle St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23

Registered No. B 98541

98541

CERTIFICATE OF DEATH.

99 V

(Place of Death.) No. 1010 Sharp St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gladys Cunningham

{ Residence, if in Baltimore, Give Street and Number. } 1010 Sharp St.

Duration of Residence in Baltimore, Five Days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 19th 1907

AGE: — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Clarence E. Cunningham

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Annie M. Bosley

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. E. Cunningham

(Address) 1010 Sharp St

Filed 2/25 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 24 1907.

I HEREBY CERTIFY, That I attended deceased from Feb 23 1907 to Feb 24 1907.

that I last saw h. him alive on Feb 24 1907,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. Mackenzie M.D.

Address 603 S. Sharp St.

Date Feb. 24. 1907.

Place of Burial J.F. Oliver

Date Feb 25 1907

Undertaker John J. Tabby

Address 1252 William

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. 98542

Ward 14 — 98542 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 646 Penn Ally St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Watkins

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH — 1

AGE 1 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Charles Watkins

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Clara Parker

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father Charles [redacted]

(Address) 646 Penn ally

Filed 2/25/1907 HARRY P. ROBERTS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23 — 1907

I HEREBY CERTIFY, That I attended deceased from as above 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1130 a m. CAUSE OF DEATH (Secondary or Immediate)

Burns accidentally and in coma 646 Penn ally

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Gehrt M.D.

Address 211 N. Conkling

Date Feb 23 — 1907

Place of Burial Mt Auburn

Date Feb 25 — 1907

Undertaker Rogers & Elliott

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 98543 *Registered No. B* 98543

CERTIFICATE OF DEATH. 167

(Place of Death.) *No.* 802 Ceuson *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta Leconey

{ Residence, if in Baltimore, Give Street and Number. } 802 Ceuson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 31 *years,* *months,* *days*

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER George Leconey

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret Naylor

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith

(Address) 1229 Edward

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23. 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190..... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 11 2

M. CAUSE OF DEATH (Secondary or Immediate.)

Burns of body

(100) (DURATION) DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Jos H Cumeth M.D.

Address Coroners Office

Date Feb 24th 1907

Place of Burial Laurel Cem

Date Feb 26th 1907

Undertaker R St E Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

98544

Ward 14

Registered No. B 98544

167 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 646 Penn Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Watkins

{ Residence, if in Baltimore, Give Street and Number. } above.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH 1

AGE 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Charles Watkins

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Clara Parker

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Watkins

(Address) 646 Penn alley

Filed 2/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23d 1907

I HEREBY CERTIFY, That I attended deceased from As known 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Bront's death in womb of Uterus 6 mo, accidental.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. N. Lightner M.D.

Address 211 N. Lamar crown

Date Feb 23d 1907

Place of Burial Mt Auburn

Date Feb 25 1907

Undertaker R. A. Ellicott

Address 502 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward W 98545

Registered No. B 98545

CERTIFICATE OF DEATH.

167 V

(Place of Death.) No. 646 Penn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin Watkins

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: — 1

AGE: 3 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edwards Watkins

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Clara Parker

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Watkins

(Address) 646 Penn ally

Filed 2/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23d 1907

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Burns accidentally received in house 646 Penn ally

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) J. D. Lightner M.D. coroner

Address 211 N. Lanvale

Date Feb 23d 1907

Place of Burial Mt. Auburn

Date Feb 25 1907

Undertaker P. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. B 98546

CERTIFICATE OF DEATH. 98546 66 V

(Place of Death.) No. 202 S. Dallis st. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Hitchens

{Residence, if in Baltimore, Give Street and Number.} 202 S Dallis st

Duration of Residence in Baltimore. 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: May 8 1837

AGE: 69 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jos. Prichard

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Pollie Conway

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma J Hitchens

(Address) 202 S. Dallis

Filed 2/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Feb 19 1907 to Feb 23 1907 that I last saw h[illegible] alive on Feb 22 1907 and that death occurred, on the date stated above, at 4.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis (DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. B. Smith M.D.

Address 1313 W Mulberry

Date Feb 23 1907

Place of Burial Laurel

Date February 26 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 98547 Registered No. B 98547

CERTIFICATE OF DEATH.

(Place of Death.) No. 40 N Mount St. 1907

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nelson Wimbish

{Residence, if in Baltimore, Give Street and Number.} 40 Mount St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Robert Wimbish

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Hattie Jones

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Wimbish

(Address) 40 Mount St.

Filed 2/25 1907 CHIEF CLERK [illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 2. 1907 to Feb 24 1907 that I last saw him alive on Feb 23 1907 and that death occurred, on the date stated above, at 6 P. M.

CAUSE OF DEATH (Secondary or Immediate)

General Debility.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. G. Schmidt M.D.

Address 424 East 25 St

Date Feb. 24 1907

Place of Burial Laurel

Date February 25 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

98548

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 98548

Registered No. B

City of Baltimore, (No. 804 Fessier St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Ida Brown

(Address) 804 Fessier St.

Filed 2/25 1907

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 22nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 4th 1907 to July 22 1907 that I last saw h alive on July 22 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Mitral insufficiency & dilatation & loss of Compensation

About 3 months (DURATION) —— DAYS

Contributory .....

..... (DURATION) —— DAYS

(Signed) Chas. J. Keller M. D.

Feb 25 1907 (Address) 1726 Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Feb 25 1907

UNDERTAKER: R. A. Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 98549 Registered No. B 98549

CERTIFICATE OF DEATH.

(Place of Death.) No. 1843 Duncan alley St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma C Hilton

{Residence, if in Baltimore, Give Street and Number.} 1843 Duncan Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1863

AGE 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Dr Zn Church

BIRTHPLACE OF FATHER (State or country) Washington DC.

MAIDEN NAME OF MOTHER Julia Osburn

BIRTHPLACE OF MOTHER (State or country) Washington DC

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna B Brady

(Address) 942 Fondstown St

Filed 2/25 1907 HARRY C. ANDREAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 21st, 1907 to Feb. 24th 1907 that I last saw h[illegible] alive on Feb. 23rd 1907, and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate)

Neurasthenia ? Hysteria

(DURATION) 4 DAYS

Contributory (Primary) Heart Disease

(DURATION) 1 yr

(Signed) J Edwards M.D.

Address 1419 E Cager

Date Feb. 24th 1907

Place of Burial Baltimore Cemetery

Date Feb 26 1907

Undertaker Dr Maurice Rouzer

Address 230 N Greene St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 98550 — Registered No. B 98550

CERTIFICATE OF DEATH.

(Place of Death.) No. 936 W Lombard St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Catherine Nasseron

{Residence, if in Baltimore, Give Street and Number.} 936 W Lombard St.

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 4 1854.

AGE: 53 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Lancaster, Pa.

FULL NAME OF FATHER: Conrad Kliman

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Julia DeLyeer

(Address) 40 S. Broadway

Filed 2/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 18 1907 to Feb 24 1907 that I last saw her alive on Feb 24 1907, and that death occurred, on the date stated above, at 6.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of the Lungs.

(DURATION) 5 DAYS

Contributory (Primary.) Acute Gastritis

(DURATION) 2 DAYS

(Signed) M. O'Neill M.D.

Address 1315 Hollins St.

Date Feb 24. 1907.

Place of Burial Loudon Park

Date Feb 27th 1907

Undertaker Henry C. Branning

Address 5. S. Appleton St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 98551 — Registered No. B

CERTIFICATE OF DEATH. 98551

(Place of Death.) No. 678 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Woodward Abrahams

{Residence, if in Baltimore, Give Street and Number.} 678 W. Saratoga

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Chas E Abrahams

(Address) 1622 W. Fayette st

Filed 2/25/1907 — L. C. B., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24 1907

I HEREBY CERTIFY, That I attended deceased from Feb 22 1907 to Feb 24 1907 that I last saw him alive on Feb 23 1907, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

E Hamilton

(DURATION) 1 DAYS

Contributory (Primary.) Erysipelas of face + Head (DURATION) 10 DAYS

(Signed) John E Huck M.D.

Address 647 W Lafayette Ave

Date Feb 24 1907

Place of Burial Green Mount

Date Feb. 26 — 1907

Undertaker E Madison Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 98552 — Registered No. B 98552

CERTIFICATE OF DEATH.

(Place of Death.) No. 1534 Pricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Heber

{Residence, if in Baltimore, Give Street and Number.} 1534 Pricker St

Duration of Residence in Baltimore.. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: January 7th 1907

AGE: ..... years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Heber

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Beck

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Beck

(Address) 1534 Pricker St

Filed 2/25 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 23 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to Feb 23 1907

that I last saw h[illegible] alive on Feb 22 1907,

and that death occurred, on the date stated above, at 11 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Convulsions

(DURATION) 4 DAYS

(Signed) W. J. Kaelin M.D.

Address 825½ W. North Ave

Date Feb 24 1907

Place of Burial St Matthews Cem.

Date Feb 25th 1907

Undertaker M Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98553

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 98553

Registered No. B

City of Baltimore, (No. 1379 N Carey St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME J. M. Hawkins.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: Henry Hawkins

BIRTHPLACE OF FATHER (State or country): Corbett Md.

MAIDEN NAME OF MOTHER: Louise Kent.

BIRTHPLACE OF MOTHER (State or country): same

OCCUPATION OF DECEASED: Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ann M Hawkins

(Address) 1379 N Carey St

Filed 2/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 23 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 19 1907 to Feb 23 1907 that I last saw h im alive on Feb 23 1907, and that death occurred, on the date stated above, at 130 P.M. The CAUSE OF DEATH was as follows:

Acute Gastritis

..... (DURATION) ..... DAYS

Contributory Exhaustion.

..... (DURATION) ..... DAYS

(Signed) Herbert C. Blake M. D.

Feb 23 1907 (Address) 1014 N. Lafayette.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn cemetery

DATE OF BURIAL: Feb 26 1907

UNDERTAKER: Alex B Pyle

ADDRESS: 1026 Mar[illegible]

WM. J. C. DULANY CO., BALTIMORE

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 98554 — Registered No. B 18

CERTIFICATE OF DEATH. 98554

(Place of Death.) No. 1060 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bessie Gibbs

{Residence, if in Baltimore, Give Street and Number.} 1060 Argyle Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ... 1 ...

AGE: 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William L Gibbs

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Thomas.

BIRTHPLACE OF MOTHER (State or country): Washington D.C.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gibbs

(Address) 1060 Argyle Ave.

Filed 2/25 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to Feb 22 1907

that I last saw h[illegible] alive on Feb 22 1907

and that death occurred, on the date stated above, at 7 A M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis

(DURATION) 23 DAYS

Con'tributory (Primary.) Hysteria

Congestion of lung (DURATION) One DAYS

(Signed) W. Barnett M.D.

Address 334 N. Biddle St

Date Feb 23 1907

Place of Burial Laurel Cemetery

Date Feb 25 1907

Undertaker Wm. Elij B Ryle

Address 102 E Madbarry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. B 98555

CERTIFICATE OF DEATH. 98555 8 V

(Place of Death.) No. 1832 Gough St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin Bailey

{ Residence, if in Baltimore, Give Street and Number. } 1832 Gough St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 22nd 1875

AGE: 31 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ind.

FULL NAME OF FATHER: Edwin Bailey

BIRTHPLACE OF FATHER (State or country): Ind.

MAIDEN NAME OF MOTHER: Elizabeth Cardwell

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. Lorenz Bailey

(Address) 1832 Gough St.

Filed 2/25 1907

HENRY O. ANDERS
Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 22 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1907 to Feb. 22 1907 that I last saw him alive on Feb. 22 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Meningitis

(DURATION) 14 DAYS

Contributory (Primary.) Exhaustion (DURATION) 8 DAYS

(Signed) Geo Heller M.D.

Address 1937 Gough St

Date Feb. 25, 07. 1907

Place of Burial Baltimore Cem.

Date Feb 26th 1907

Undertaker Jno A Inman & Son

Address Bank & Aisquith Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 98556 Registered No. B 98556

CERTIFICATE OF DEATH.

8 2/V

(Place of Death.) No. 128 Pearl Street St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Salvatore Palacardo

{Residence, if in Baltimore, Give Street and Number.} Baltimore 128 Pearl St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: [redacted] 1

AGE: 2 years, [redacted] months, [redacted] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Vincenzo Palacardo.

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Giovanna Purpuro

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: [redacted]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) V. Palacardo

(Address) 128 Pearl St

Filed 2/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 24 Feb. 1907

I HEREBY CERTIFY, That I attended deceased from 20 December 1906 to 24 Feb 1907 that I last saw him alive on 24 Feb 1907, and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate)

Embolism –

(DURATION) 44 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Joseph Barone M.D.

Address 204 W. Pratt St

Date 25 Feb 1907

Place of Burial Mt. Lincoln

Date (Feb 27 1907

Undertaker Robt J. Sumwalt

Address Pimlico, Md.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward X

98557 Registered No. B 98557

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 124 S. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kate Coffey

{Residence, if in Baltimore, Give Street and Number.} 124 S. Eutaw St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1866

AGE 61 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Johen Coffey

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Elwood

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs William Hamilton

(Address) 124 S. Eutaw St.

Filed 2/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 7th 1907 to Feb 24th 1907

that I last saw him alive on Feb 23 1907

and that death occurred, on the date stated above, at 2 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

(DURATION) 2 Wks

Con'tributory (Primary.)

(DURATION) DAYs

(Signed) Edward Little M.D.

Address 208 Aisquith

Date Feb 25th 1907

Place of Burial Bonnie Brae

Date Feb 26 1907

Undertaker Wm J Tuckness & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — 98558 — Registered No. B 98558

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 677 Columbia ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta N. Albrecht

{Residence, if in Baltimore, Give Street and Number.} 677 Columbia ave

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: DEC 7. 1832.

AGE: 75 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Mr. Sander.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Christina Wrideman.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss K. Albrecht.

(Address) 677. Columbia Ave

Filed 2/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 23rd 1907

I HEREBY CERTIFY, That I attended deceased from January 9th 1907 to Febry 23rd 1907 that I last saw h alive on Feb 22d 1907 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy Immediate

2 months (DURATION) DAYS

Contributory (Primary.) Prostration

(DURATION) 8 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 918. S. Paca st.

Date Feb 24th 1907

Place of Burial Mount Hill Park Cem

Date Feb 26 1907

Undertaker Wm Andrew & Sons

Address 730 Lemmon Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

98559

Registered No. B 98559

CERTIFICATE OF DEATH.

(Place of Death.) No. In the rear of 705 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth M Miller

{Residence, if in Baltimore, Give Street and Number.} In the rear of 705 William St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 19 1907

AGE: — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry A Miller

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Elizabeth M Hick

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry A Miller (Father)

(Address) Rear 705 William St

Filed 2/25 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 24 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Chas M Reinhardt M.D.

Address Coroner

Date Feb. 25 1907

Place of Burial Holy Cross Cem. A. A. Co.

Date Feb 25 1907

Undertaker M. Doyle & Son

Address 17 E. Lee st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 98560 — Registered No. B 98560

CERTIFICATE OF DEATH.

123V

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas L. Nelson.

{Residence, if in Baltimore, Give Street and Number.} Norfolk Va.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 3rd 184-

AGE 65 years, 10 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Sea Captain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Nelson

(Address) 205 Main St Norfolk Va

Filed 2/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 25 1907

I HEREBY CERTIFY, That I attended deceased from Feby 19" 1907 to Feby 25 1907 that I last saw h alive on Feby 24th 1907 and that death occurred, on the date stated above, at 10 40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Abdominal Operation
Supra Pubic Cystotomy

(DURATION) 5 DAYS

Contributory (Primary.) Uraemia

(DURATION) 2 DAYS

(Signed) Thomas J. Talbot M.D.

Address 770 Botetourt St.

Date Feby 25 1907

Place of Burial Norfolk Va

Date Feby 25" 1907

Undertaker Joseph Lyon

Address 160 W Church ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 98561 — Registered No. B 98561

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1024 N. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John A. Wilson

{Residence, if in Baltimore, Give Street and Number.} 1024 N. Eden St.

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Nov. 24 1832

AGE 74 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Wilson

BIRTHPLACE OF FATHER (State or country): America

MAIDEN NAME OF MOTHER: Mary A. Otrage

BIRTHPLACE OF MOTHER (State or country): America

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Reid

(Address) 1024 N. Eden

Filed 2/25 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 24 1907

I HEREBY CERTIFY, That I attended deceased from March 1906 to Feby 24 1907 that I last saw him alive on Feby 24 1907 and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia - Chronic

Interstitial

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. N. Reik M.D.

Address 412 Cathedral St.

Date February 24 1907

Place of Burial Baltimore. Cem.

Date Feb 26 th 1907

Undertaker H. C. Windefeld

Address 914 Greenmit Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

98562 Registered No. B 98562

CERTIFICATE OF DEATH.

(Place of Death.) No. 1722 N. Caroline St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah J Griffin

{Residence, if in Baltimore, Give Street and Number.} 1722 N. Caroline St

Duration of Residence in Baltimore. 34 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 31st 1836

AGE: 70 years, 5 months, 23 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Mobile Ala

FULL NAME OF FATHER: Edward Griffin

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Susan Maydwell

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. G. Cuyler

(Address) 1722 N. Carolinest

Filed 2/25 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

Dr Col Bruton 1711 E Balto St. nr Broadway Ret. 1727 P.M.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1907 to Feb. 23 1907

that I last saw h[illegible] alive on Feb 23 1907

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pleumtis

(DURATION) DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) E B Bruton M.D.

Address 1711 E Balt St

Date 190

Place of Burial Cathedral Cem.

Date February 26th 1907

Undertaker H C Friedefeld

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 98563 — Registered No. B 98563

CERTIFICATE OF DEATH.

(Place of Death.) No. 1418 Linden ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Murray Evans

{Residence, if in Baltimore, Give Street and Number.} 1418 Linden Avenue

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	March 2 1835
AGE	68 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Hugh Williams Evans
BIRTHPLACE OF FATHER (State or country)	Wales Gt Britain
MAIDEN NAME OF MOTHER	Mary Ann Johnson
BIRTHPLACE OF MOTHER (State or country)	Annapolis
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant J LeRoy White

(Address 2406 North Ave W.

Filed 2/25 1907

HARRY C. ARNERS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 24 February 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 7th, 1906 to Feb. 23rd. 1907, that I last saw h-er alive on Feb. 23rd. 1907, and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate) Malignant growth in abdominal cavity of at least five months standing (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Eldridge C. Price M.D.

Address 1012 Madison Ave.

Date Feb. 24th 1907.

Place of Burial Green Mt. Cemetery

Date 26th Febry — 1907

Undertaker Henry W Jenkins Hearse Co

Address No 233 W Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 98564

Registered No. B

CERTIFICATE OF DEATH. 98564

(Place of Death.) No. 219 Park Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleanora Sullivan

{ Residence, if in Baltimore, Give Street and Number. } 219 Park ave

Duration of Residence in Baltimore. Fifty Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 1

AGE Fifty Six years ... months ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas McVeil

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Kyne

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel N Sullivan

(Address) 219 Park ave

Filed 2/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15th 1907 to Feb 26 1907 that I last saw her alive on 24th 1907 and that death occurred, on the date atated above, at a m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

10 days (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. F. Mechlin M.D.

Address 115 W Franklin

Date Feb 25th 1907

Place of Burial New Cathedral Cem

Date Feb 26th 1907

Undertaker Henry Wentzel Sons Co

Address 233 Saratoga West

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 98565 — Registered No. B 98565

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 123 S. Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane R. Stewart

{Residence, if in Baltimore, Give Street and Number.} 123 S. Poppleton st.

Duration of Residence in Baltimore. Balto. Md

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 26 1849

AGE: 57 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Frank R. Stewart

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: E. V. Frizzell

BIRTHPLACE OF MOTHER (State or country): Westminster Carroll Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Stewart

(Address) 123. S. Poppleton st

Filed 2/25 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25 1907

I HEREBY CERTIFY, That I attended deceased from Feb 23 1907 to Feb 25 1907 that I last saw her alive on Feb 24 1907 and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) 2 DAYS

(Signed) John E. Finch M.D.

Address 647 W Lombard City

Date Feb 25 1907

Place of Burial Mt Olivet Cemetery

Date Feb 27 1907

Undertaker James Dignan & Sons

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

98566

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98566

City of Baltimore, (No. 1700, Mulberry St.; 19th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Edward and Julia Dunn
(Un-named child of Edward Dunn)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby (Month) 24 (Day) 1907 (Year)

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward Dunn

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lelia McGuirk

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Dunn

(Address) 1700 Mulberry St

Filed 2/25 1907

HARRY S. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 24 1907 to Feby 25 1907 that I last saw h[im] alive on Feby 24 1907, and that death occurred, on the date stated above, at 8:01 A. M. The CAUSE OF DEATH was as follows:

Premature birth (7 mo.)

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. H. Cannon M. D.

Feby 25 1907 (Address) 401 Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Peters Lane	Feb 25 1907
UNDERTAKER	ADDRESS
MARTIN FAHEY & SONS	

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

98567 Registered No. B 98567

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 2131 Druid Hill St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary J. Fletcher

{Residence, if in Baltimore, Give Street and Number.} 2131 Druid Ave

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH Dont Know 1

AGE 51 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Edward Herbert

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Orphia Jenner

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bishop

(Address) 1107 Druid Ave

Filed 2/25 1907 (JOS. C. ANDREWS) PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 6 1907 to Feb. 24 1907

that I last saw her alive on Feb. 22 1907

and that death occurred, on the date atated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

— (DURATION) — DAYS

Con'ributory (Primary.) Ac. Pulmonary Tuberculosis (DURATION) — DAYS

(Signed) W. J. Carr, Dr. M.D.

Address 515 Mosher St.

Date Feb. 24th 1907

Place of Burial Bonnie Md

Date Feb 26th 1907

Undertaker John A. Bishop

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98568

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98568

City of Baltimore, (No. 61, Brick Hill St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A Weihzell

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Feb 16 1907 (Month) (Day) (Year)
AGE	— years, — months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Fred'k M. Weihzell
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Alice L. Ash
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. M. Weihzell

(Address) 61 Brick Hill

Filed 2/25 1907 HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 16 1907 to Feb 25 1907 that I last saw her alive on Feb 24 1907, and that death occurred, on the date stated above, at 8 3/4 a.m. The CAUSE OF DEATH was as follows:

Sclerema neonatorum

Inanition

(DURATION) 9 DAYS

Contributory Premature Birth — 8th month (DURATION) 9 DAYS

(Signed) Wm H Fiedeman M. D.

Feb 25th 1907 (Address) 808 1st Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St Marys Hampden — DATE OF BURIAL Feb 26 1907

UNDERTAKER Wm E Chenowith & Son — ADDRESS 913 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

98569

64-

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98569

City of Baltimore, (No. 1029 Concord Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary McCluskey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 70 years, ____ months, ____ days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Phillips

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Houswife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. McCluskey

(Address) 1029 Concord Place.

Filed 2/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 24 — 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 24 - 8. a. m. 1907 to Feb 24. 11 p. m. 1907 that I last saw h er alive on Feb 24 1907, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 1 DAYS

Contributory Shock.

(DURATION) 1 DAYS

(Signed) M B Kerr M. D.

2/24 — 1907 (Address) 2116 St Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral

DATE OF BURIAL: Feb 27 1907

UNDERTAKER: H. C. Windfield

ADDRESS: 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

98570 Registered No. B 98570

CERTIFICATE OF DEATH.

(Place of Death.) No. 2046 Fountain St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Margareth Gorneth

{Residence, if in Baltimore, Give Street and Number.} 2046 Fountain

Duration of Residence in Baltimore. 53 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 88 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gorneth

(Address) 2046 Fountain

Filed 2/25 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h... alive on ..... 190 .....

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate

Old Age

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Thomas Dudley Captain M.D.

Address 330 N Greene St

Date Feby 25th 1907

Place of Burial Mount Hart

Date Feb 29 1907

Undertaker Wendell Dorsey & Son

Address 3395 Bond St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 V

98571 Registered No. B 98571

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. 811 Peach al. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis Crippin

{Residence, if in Baltimore, Give Street and Number.} 811 Peach alley.

Duration of Residence in Baltimore. 48 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — — 1 —

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Onancock, Va.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Oyster Shucker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Raspberry Jenifer

(Address) 1004 S. Central Av

Filed 2/25 1907

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22 1907

I HEREBY CERTIFY, That I attended deceased from Feb 18 1907 to Feb 22 1907 that I last saw h— alive on Feb 22 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

about 4 DAYS (DURATION)

Contributory (Primary.) Asthenia

about 4 DAYS (DURATION)

(Signed) J. H. Fowlkes M.D.

Address 1118 Ramsay

Date 1907

Place of Burial National Cemetery

Date Feb. 26 1907

Undertaker John H. Fowlkes

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 98572 — Registered No. B 98572

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1613 Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carolina Jackson

{Residence, if in Baltimore, Give Street and Number.} do Richlandtown Md

Duration of Residence in Baltimore. a visitor for past three weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX	Fem.
COLOR	Colored
DATE OF BIRTH	Unknown 1
AGE	about 8th yr. (years, months, days)
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	David Quilting Unknown
BIRTHPLACE OF FATHER (State or country)	Maryland "
MAIDEN NAME OF MOTHER	Nancy Rodgers "
BIRTHPLACE OF MOTHER (State or country)	Md. "
OCCUPATION OF DECEASED	Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Pinder

(Address 1613 Vincent St.

Filed 7/25 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Old age and general debility

(DURATION) ... DAYS

Con'tributory (Primary.) Apoplexy

(DURATION) ... DAYS

(Signed) Oscar Baerdmin M.D.

Address Two Laf. ave. (Corner)

Date July 23rd 1907

Place of Burial Glyndon Md

Date February the 26 1907

Undertaker James H Dennis

Address 1332 Pennsylvania ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. B 98573

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 Wyanoke Ave

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda V. Boardman

{Residence, if in Baltimore, Give Street and Number.} 608 Wyanoke Ave

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John H Galen

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rachel A. Hobbs

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Boardman

(Address) 608 Wyanoke Ave

Filed 2/26 1907

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 24th 1907

I HEREBY CERTIFY, That I attended deceased from about Jan 5 1907 to Feby 24 1907

that I last saw h[illegible] alive on Feby 23 1907

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

Heart Trouble (DURATION) 7 Years DAYS

Contributory (Primary.) Paralysis

Collapse of Heart (DURATION) 2 DAYS

(Signed) E. H. Duncan M.D.

Address Govanstown

Date Feby 25. 1907

Place of Burial Western Cem

Date Feb 26 1907

Undertaker John E Hough Co.

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

98574

Registered No. B 98574

CERTIFICATE OF DEATH.

(Place of Death.) No. 412 Bremen st

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Ruth Smith

{Residence, if in Baltimore, Give Street and Number.} 412 Bremen st

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Wm E Smith

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Fannie Smith

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Smith

(Address) 412 Bremen st

Filed 2/26/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24, 1907

I HEREBY CERTIFY, That I attended deceased from Pneumonia 190 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Jno. C. Hayden Coroner M.D.

Address 1216 Caroline st

Date Feb 25 1907

Place of Burial Laural Cemitary

Date Feburay 26 1907

Undertaker Robert A Elliott

Address 506 Aisquith Ste

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of [redacted] Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 98575 — Registered No. B 98575

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 327 Fayson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. W. Butler

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: William Butler

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Butler

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Butler

(Address) 327 Fayson st

Filed 2/26 1907 HARRY C. ANDREAE, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to above 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 2.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Duration one year

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Elliott M.D.
Coroner

Address 711 W. Lanvale

Date 2.23 1907

Place of Burial St. Peters Cemetery

Date Feb 26 1907

Undertaker R. S. Elliott

Address 506 Park Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 98576

Registered No. B 98576

CERTIFICATE OF DEATH.

(Place of Death.) No. 1109 Hillen st

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dietrich Dierker

{Residence, if in Baltimore, Give Street and Number.} 1109 Hillen st

Duration of Residence in Baltimore. 36 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 20th 1850

AGE: 56 years, 9 months, 4 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Dierker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saloon keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Dierker

(Address) 1109 Hillen st

Filed 2/26 1907

HARRY O. ANDREWS, FINAL CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1906 to Feb 14th 1907 that I last saw h[illegible] alive on Feb 24 1907, and that death occurred, on the date stated above, at 10.15 a m. CAUSE OF DEATH (Secondary or Immediate)

Thy pericarditis & Heart under General anasarca

(DURATION) 2 Days

Contributory (Primary.) Grippe

(DURATION) 6 DAYS

(Signed) Edward Dutterer M.D.

Address 108 Aisquith

Date Feb 26th 1907

Place of Burial London Park Cemetery

Date February 27th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 98577 — Registered No. B 98577

34 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1741 Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edmund B. Gray

{Residence, if in Baltimore, Give Street and Number.} 1741 Fremont Ave

Duration of Residence in Baltimore. Born and has lived

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: Unknown 1

AGE: 11 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sept.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Philip Gray

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Henderick

(Address) 1741 Fremont Ave.

Filed 2/26 1907 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. 24th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

General Tuberculosis,
Post Mortem by Dr. Kiel

(DURATION) 9 DAYS

Con'tributory (Primary.) General Tuberculosis (DURATION) ..... DAYS

(Signed) Silas Bateman M.D.

Address 700 Log. ave (Canton)

Date Feby. 24th 1907

Place of Burial Mt Zion Cemetery

Date Feb 26 1907 190

Undertaker Delit & Pyle

Address 1020 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

...ARTMENT, City of Baltimore.

Ward 1 — 98578 — Registered No. B 98578

91 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1033 N. Gay St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Adaline Darling

{Residence, if in Baltimore, Give Street and Number.} 1033 N. Gay St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 26th 1834

AGE: 72 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): New Jersey

FULL NAME OF FATHER: Wilson Eldridge

BIRTHPLACE OF FATHER (State or country): New Jersey

MAIDEN NAME OF MOTHER: Lydia Douglas

BIRTHPLACE OF MOTHER (State or country): New Jersey

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Melvina Eldridge

(Address) 1033 N. Gay st

Filed 2/26 1907 — HARRY G. ANDREWS, Registrar — PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25 1907

I HEREBY CERTIFY, That I attended deceased from Feb 7 1907 to Feb 25 1907 that I last saw h alive on Feb 25 1907 and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bronch

(DURATION) 21 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 2 DAYS.

(Signed) J. E. Blades M.D.

Address 131 Jackson Pl.

Date Feby 25 1907

Place of Burial Greenmount Cemetery

Date Feb 27 1907

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 98579

Registered No. B 98579

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Clarke

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 2/26 1907

HARRY C. ANDRE Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF ~~DEATH~~ Feb. 24 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1906 to Feb 24 1907 that I last saw h. in alive on Feb 24 1907, and that death occurred, on the date stated above, at 8-30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure
Pneumonia
Chronic diffused Nephritis (DURATION) DAYS

Con ributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Feb. 25 1907

Place of Burial Sacred Heart.

Date Feby. 26. 1907

Undertaker Evans & Spencer

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. B 98580

98580

CERTIFICATE OF DEATH.

(Place of Death.) No. 1201 N Central ave St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna M. Hans

{Residence, if in Baltimore, Give Street and Number.} 1201 N Central ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ Female | COLOR White

DATE OF BIRTH 1

Age 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Lawrence Hans

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Anna Kummert

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Lawrence Hans

(Address) 1201 N. Central Ave.

Filed 2/26 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 18 1907 to Feb 24 1907 that I last saw h[e] alive on Feb 24 1907, and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 5 DAYS

Contributory (Primary.) Bright's Kidney disease (DURATION) 5+ DAYS

(Signed) Wm J. Watson M.D.

Address 5 W Preston

Date Feb. 26 1907

Place of Burial New Cathedral Cemetery

Date February 27 1907

Undertaker Henry Hoeckshaw

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 98581 — Registered No. B 98581

CERTIFICATE OF DEATH.

27 ✓

(Place of Death.) No. 1943 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Louise Sluier

{Residence, if in Baltimore, Give Street and Number.} 1940 Mosher St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Sept 5 1879

AGE: 28 years, 5 months, 19 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Philip M Sluier

BIRTHPLACE OF FATHER (State or country): St. Louis Mo.

MAIDEN NAME OF MOTHER: Maria L. Riegle

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annette Sluier

(Address) 1943 Mosher St

Filed 2/26 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 24 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1905 to Feby 24 1907 that I last saw h[illegible] alive on Oct. 2 1906, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Syphe Meningitis

Some weeks (DURATION) ~~DAYS~~

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 2 Years.

(Signed) Chas. Maxwell M.D.

Address 1327 Park Ave

Date Feby 25 1907 ✓

Place of Burial Mt. Olivet Cem.

Date Feb. 26 1907

Undertaker Chas E. Franck

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 98582 Registered No. B 98582

1517

CERTIFICATE OF DEATH.

(Place of Death.) No. 208 S. Collington Ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Timms

{Residence, if in Baltimore, Give Street and Number.} 208 S. Collington Ave

Duration of Residence in Baltimore. 21 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 2 - 23 1907

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry Timms

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katie Buckley

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Timms

(Address) 208 S. Collington Ave

Filed 2/26 1907 MARY C. ANDREWS, PORT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 25 1907

I HEREBY CERTIFY, That I attended deceased from Feb 23 1907 to Feb 25 1907 that I last saw h[er] alive on 24 Feb 1907, and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate)

Atelectasis Pulmonum

(DURATION) 2 DAYS

Contributory (Primary.) Dyspnoea

(DURATION) 2 DAYS

(Signed) August Horn M.D.

Address 25 St. Paul Sts

Date Feb 25 1907

Place of Burial St. Patricks Cem.

Date May 26 1907

Undertaker John A Daigel

Address 1725 E Broadway

WM. J. C. DULANY CO., BALTIMORE.

Dr. Aug. Horn 732 W. Mulberry St.

(SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 98583 — Registered No. B 98583

CERTIFICATE OF DEATH.

(Place of Death.) No. 1731 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannie Levin

{Residence, if in Baltimore, Give Street and Number.} 1731 Jefferson st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Nov. 8, 1862

AGE: 44 years, 3 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Morriss J. Young.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Hattie Neurmeyer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Levin

(Address) 1731 Jefferson St.

Filed 2/26 1907

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 24 1907

I HEREBY CERTIFY, That I attended deceased from Feby 16 1907 to Feby 24 1907 that I last saw her alive on Feby 24 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 8 DAYS

Contributory (Primary.) Uraemic Convulsions

(DURATION) 1 DAYS

(Signed) Adolph L. Eisenberg M.D.

Address 2213 Orleans st

Date Feby 26. 1907

Place of Burial Beth Hebrew

Date Feby 26 1907

Undertaker [illegible] Athens Co

Address 759 E Eutaw st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 98584 — Registered No. B 98584

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Elmore Hankey

{Residence, if in Baltimore, Give Street and Number.} 203 N Patterson Pk Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 7th 1872

AGE: 34 years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Andrew J. Hankey

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Annie

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Commission Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hankey

(Address) 203 N. Patterson Pk Ave

Filed 2/26 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 23 1907

I HEREBY CERTIFY, That I attended deceased from Feb 16 1907 to Feb 23 1907 that I last saw h[illegible] alive on Feb 23 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date Feb 26 1907

Place of Burial: Baltimore Cem

Date 2/26/07 1907

Undertaker J. Herwig & Son

Address 1708 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98585

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

104 ✓

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98585

City of Baltimore, (No. 2012 N Mtn Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carroll Ellwood Inc. Bolte

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 20th 1885
(Month) (Day) (Year)

AGE: 22 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: George M. Bolte

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Katherine Hynes

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Salesman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Bolte

(Address) 1912 Woodbrook Ave

Filed 2/26 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 24 1907 to Feb 24 1907 that I last saw him alive on Feb 24 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Indigestion

(DURATION) DAYS

Contributory Heart Delusion

(DURATION) DAYS

(Signed) E Miles Wheeler M. D.

Feb 24 1907 (Address) 2129 N Mtn Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 27 1907

UNDERTAKER: Josiah Lyter

ADDRESS: 160 W North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 98586 — Registered No. B 98586

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 8 Penn St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sylvester A. Whitton

{Residence, if in Baltimore, Give Street and Number.} 8 Penn St.

Duration of Residence in Baltimore. 22 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 18th 1831

AGE: 75 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Cabinetmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Spence

(Address) 8 Penn St.

Filed 2/26 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 25th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 21st 1907 to Feby 25th 1907 that I last saw him alive on Feby 24 1907, and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old Age.

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H W. Webner M.D.

Address 723 W. Lombard St.

Date Feby 25th 1907

Place of Burial Williamsport Pa

Date Feby 27th 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

98587

Registered No. B 98587.

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1037 N. Howard St.

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jeason Bacon

{Residence, if in Baltimore, Give Street and Number.} 1037 N. Howard St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colord

DATE OF BIRTH: ... 1 ...

AGE: 80 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: dont no

BIRTHPLACE OF FATHER (State or country): dont no

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): dont no

OCCUPATION OF DECEASED: non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Lee

(Address) 1037 N Howard St

Filed 2/26 1907

HARRY O. INNIS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2/24 1907

I HEREBY CERTIFY, That I attended deceased from 2/2 1907 to 2/24 1907 that I last saw h... alive on 2/22 1907, and that death occurred, on the date stated above, at 7.30 P.M.

II. CAUSE OF DEATH (Secondary or Immediate)

General Debility

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) J. Edward Smith M.D.

Address 538 Howard St.

Date 2/25/07. 1907

Place of Burial mt auburn Cemetery

Date Feb 26 1907

Undertaker John H. Taddeus

Address 142 W hill st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12

HEALTH DEPARTMENT, City of Baltimore.

98589 Registered No. B 98589

CERTIFICATE OF DEATH.

(Place of Death.) No. 1338 Hanover St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lloyd H Bald

{Residence, if in Baltimore, Give Street and Number.} 1338 Hanover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 13th 1906

AGE: 1 years, 1 month, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Charles W. Bald

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elizabeth Prechtel

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles W. Bald

(Address) 1338 Hanover St

Filed 2/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to Feb 25 1907

that I last saw h[im] alive on Feb 25 1907

and that death occurred, on the date stated above, at 11:20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal stenosis

Convulsions

Dr Jones by [illegible] to diphtheria
Death with known the primary [illegible]
It was now [illegible]

Contributory (Primary.) (DURATION) 5 DAYS

(DURATION) DAYS

(Signed) Harry Jones M.D.

Address 1340 E Chase

Date Feb 25, 1907

Place of Burial Loudon Park

Date Feb 27th 1907

Undertaker E Schloman & Sons

Address 139 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 98588 Registered No. B 98588

CERTIFICATE OF DEATH.

(Place of Death.) No. 1306 Light St. Baltimore Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C. Hagan.

{Residence, if in Baltimore, Give Street and Number.} 1306 Light St. Baltimore Md

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	— 12
AGE	69 years, 8 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John Hagan.
BIRTHPLACE OF FATHER (State or country)	Ireland.
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ralph Hagan

(Address) #1306 Light Street

Filed 2/26 1907 HARRY J. ARNOLD, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 10th 1907 to Feb 24 1907 that I last saw him alive on Feb 24 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchs Pneumonia

(DURATION) 15 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H. D. Hayden M.D.

Address 1425 Light St.

Date Feb 25 1907

Place of Burial Frederick City Co. Md

Date Feb 27 1907

Undertaker Jos. Stonebraker

Address 1318 Light St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 9850 — Registered No. B 9850

157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asyle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline Jones

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inft Asyle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Jan 2nd 1906

AGE: ..... years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): U

MAIDEN NAME OF MOTHER: U

BIRTHPLACE OF MOTHER (State or country): U

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum.

Filed 2 26 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15th 1907 to Feb 23 1907 that I last saw h[er] alive on Feb 23 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Marasmus

(DURATION) ..... DAYS

(Signed) J K Bedeegan M.D.

Address 1529 Park Ave

Date Feb 24th 1907

Place of Burial Mt Calvary

Date [illegible] 1907

Undertaker Martin Feeney & Sons

Address 1162 Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 98591 — Registered No. B 98591

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Sales

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 5th 1907

AGE: 0 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. I. Asy.

Filed 2/26 1906 — MARY J. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 16th 1907 to Feb 23 1907 that I last saw h— alive on Feb 23 1907, and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) J. H. B. Seegar M.D.

Address 1529 Park Ave

Date Feb 24th 1907

Place of Burial New Cathedral

Date Feb 1907

Undertaker Martin Bakey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 98502 — Registered No. B 98502

CERTIFICATE OF DEATH.

151V

Place of Death.) No. St. Vinct Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Grey

{Residence, if in Baltimore, Give Street and Number.} St Vinct. Inft Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.	COLOR: W
DATE OF BIRTH: Jan 1, 1907	
AGE: ..... years, 1 month, 25 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum.

Filed 2/26 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Feb 25 1907 that I last saw h alive on Feb 24 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C. H. Hayward M.D.

Address 1230 N Caroline St

Date 2/25 1907

Place of Burial New Cathedral

Date Feb. 1907

Undertaker Martin Fahey & Sons

Address 16 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 98593 Registered No. B 98593

CERTIFICATE OF DEATH.

60 ✓

(Place of Death.) No. 1311 Harlem Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Virginia Mason

{Residence, if in Baltimore, Give Street and Number.} 1311 Harlem Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH May 23 1837

AGE 69 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ Widow

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER William Wallace

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Catherine Cochran

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard S. Mason

(Address) 2009 N. Monroe St

Filed 2/26 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 23 1907

I HEREBY CERTIFY, That I attended deceased from Feby 23 1907 to Feby 23 1907 that I last saw her alive on 23 Feby 1907, and that death occurred, on the date stated above, at 6.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) Eight hours

Contributory (Primary.) Indigestion

(DURATION) Eight hours

(Signed) John M. P. M.D.

Address Lombard & Greene Sts

Date Feby 26 1907 ✓

Place of Burial Loudon Park

Date Feb 26 1907

Undertaker Geo J Smith Co

Address 100 W. Fayette St ✓

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended (during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98504

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98504

City of Baltimore, (No. 808, N. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amelia Thornton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: November 7 1840 (Month) (Day) (Year)

AGE: 66 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Upton Thornton

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: Amelia L. Powell

BIRTHPLACE OF MOTHER (State or country): Lisbon, Portugal

OCCUPATION OF DECEASED: Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Thornton

(Address) 808 N. Carey st

Filed 2/26 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 25 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 9 1906 to February 25 1907 that I last saw her alive on February 25 1907, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Bright's Disease, and Valvular disease of heart

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Alice S. Parkhurst M. D.

February 25 1907 (Address) 1410 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Feb 27 1907

UNDERTAKER: Geo J Smith Co — ADDRESS: 1000 N. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 X

98595

Registered No. B 98595

93 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Horrock Horrock

{Residence, if in Baltimore, Give Street and Number.} Spurrous Point.

Duration of Residence in Baltimore. 3 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1827 1

AGE: 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/26 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 24 1907

I HEREBY CERTIFY, That I attended deceased from Feb 19 1907 to Feb 24 1907 that I last saw h[illegible] alive on Feb 23 1907, and that death occurred, on the date stated above, at 4 20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Leukemia

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia

..... (DURATION) 5 DAYS

(Signed) Chas. L. Emmons M.D.

Address St Joseph Hospital

Date Feb. 25 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 25 1907 1907

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

83

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

98596

Registered No. B 98596

CERTIFICATE OF DEATH.

(Place of Death.) No. 1133 Parrish alley St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Infant of Mary H. E. Banks

{Residence, if in Baltimore, Give Street and Number.} 1133 Parrish alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Feby. 24th 1907

AGE: — years, — months, 6 hours day

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Alfred Banks

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Harriet H. E. Williams

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet H. E. Banks

(Address) 1133 Parrish alley

Filed 2/26 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. 24th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

..... (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Allen Baronne M.D.

Address 710 Eag. ave. Canton

Date Feby 25th 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 25 1907 190

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8 83

Without means to bury $3

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

98597 Registered No. B 98597

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Lying-in Hosp. St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Etta Olterndter

{ Residence, if in Baltimore, Give Street and Number. } Md Gen Hospital

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 2/24 1907

AGE Lived 2 hr.
..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md Lying in Hosp.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Etta Olterndter

(Address) 637 N Fayette St

Filed 2/26 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2/24 1907

I HEREBY CERTIFY, That I attended deceased from 2/24 1907 to 2/24 1907 that I last saw h.. alive on 2/24 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia of Pregnancy mother with premature birth and asthenia of child (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. E. Poulton M.D.

Address Md. Gen Hospital

Date 2/25/07 190

Place of Burial BALTO. MEDICAL COLLEGE.

Date FEB 25 1907 190

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

83

HEALTH DEPARTMENT, City of Baltimore.

Ward III

9859 Registered No. B 9859

CERTIFICATE OF DEATH.

15V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Mary Moore

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 31 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 1

AGE: 61 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 2/26 1907

HARRY C. ANDRAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 23. 1907

I HEREBY CERTIFY, That I attended deceased from May 3 1906 to Feby. 23 1907 that I last saw her alive on Feby. 23. 1907, and that death occurred, on the date stated above, at 10.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic pneumonia

(DURATION) 7. DAYS

Contributory (Primary) Senility

(DURATION) Indefinite

(Signed) J M Armistead M.D.

Address Bay View Asylum

Date February 23. 1907

Place of Burial JOHNS HOPKINS HOSPITAL FEB 25 1907

Date 190

Undertaker William H Woodus

Address Baltimore

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 98598 *Registered No. B* 98598

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* If Death occurred in Hospital or Institution, give its Name instead of Street and Number

Full Name Isaac Adams

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Colored
DATE OF BIRTH 1	
AGE 51 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) ~~BAY VIEW ASYLUM~~

Filed 2/26 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Feb. 24 1907

that I last saw h alive on Feb. 24 1907

and that death occurred, on the date stated above, at 7 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffused Nephritis, Uraemia

(DURATION) DAYS

Contributory (Primary) Cerebral Hemorrhage (DURATION) DAYS

(Signed) R. R. Vonis M.D.

Address Bay View Hospital

Date Feb. 24 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 28 1907 190

Undertaker William H. Woodall

Address 1811 Aisquith St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., ENGRAVERS

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

83

HEALTH DEPARTMENT, City of Baltimore.

98600

98600

Ward ..... *Registered No. B* .....

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Thomas

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 19 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Laborer.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 2/26 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1907 to Feb. 24 1907 that I last saw h... alive on Feb. 24 1907 and that death occurred, on the date stated above, at 5-25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Vosmik M.D.

Address Bay View Hospital

Date Feb. 24 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 25 1907 1907

Undertaker William H. Woodens

Address 1811 Aiken St

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

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☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

84

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 98601 *Registered No. B* 98601

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Kranzenberger

{ Residence, if in Baltimore. / Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 67 *years,* ..... *months,* ..... *days*

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 2/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25 1907

I HEREBY CERTIFY, That I attended deceased from June 14 1906 to Feb 25 1907

that I last saw h.. alive on Feb 25 1907

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Thrombosis of Coronary Artery

Chronic Diffuse Nephritis ..... (DURATION) ..... DAYS

Con'ributory (Primary) Arterio Sclerosis ..... (DURATION) ..... DAYS

(Signed) R R Tomis M.D.

Address Bay View Hospital

Date Feb. 25 1907

Place of Burial JOHNS HOPKINS HOSPITAL FEB 25 1907

Date 190

Undertaker William H Wooden

Address 1811 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 V

98602

98602 Registered No. B 11 V

CERTIFICATE OF DEATH.

(Place of Death.) No. In the rear of 705 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Miller

{ Residence, if in Baltimore, Give Street and Number. } In the rear of 705 William St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 19 1907

AGE: — years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry A Miller

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Elizabeth M. Hick

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry A Miller father

(Address) Rear 705 William St

Filed 2/26/07 190

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 26 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4.30

P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date February 26 1907

Place of Burial Holy Cross Cem. A. A. Co.

Date Feb 26. 1907

Undertaker M. Doyle & Son

Address 17 E. Lee st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 98603 Registered No. B 98603

CERTIFICATE OF DEATH.

(Place of Death.) No. 2225 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian B. Drisgill

{ Residence, if in Baltimore, Give Street and Number. } 2225 Bank St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 13th 1889

AGE 18 years, — months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas J. Drisgill

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Belle Waitthman

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas J. Drisgill

(Address) 2225 Bank St.

Filed 2/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 31st 1907 to July 23rd 1907 that I last saw h alive on July 23 1907, and that death occurred, on the date stated above, at 8.35 A.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 5 DAYS

Contributory (Primary.) Cardiac Exhaustion

(DURATION) 5 DAYS

(Signed) John Roth M.D.

Address 607 Eastern Ave

Date Feby 25th 1907

Place of Burial Loudon Park Cemetery

Date Feb 26 1907

Undertaker H. Gander & Son

Address 1710 Aisquith Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 98604 — Registered No. B 98604

64 ✓

CERTIFICATE OF DEATH.

Place of Death. No. 1905 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis A Hunter

{ Residence, if in Baltimore, Give Street and Number. } 1905 E Biddle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm T Hunter

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Hannah Bryan

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 1905 E Biddle

(Address) Charles H Hunter

Filed 2/26 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK.

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 24th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 21st 1907 to Feb 24th 1907

that I last saw her alive on Feb 24 1907,

and that death occurred, on the date stated above, at 5:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma + Exhaustion

(DURATION) 3 DAYS

Con'tributory (Primary.) Pleurisy

(DURATION) 3 DAYS

(Signed) Albert G. Dingerald M.D.

Address 1202 N. Patterson Pk Ave.

Date February 25th 1907

Place of Burial Dulaney

Date Feby 28 1907

Undertaker Robt J Lundy

Address Bway. Fells

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98605

14 ✓

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98605

City of Baltimore, (No. 1625, Maddison St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary R Porter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: January (Month) 25 (Day) 1825 (Year)

AGE: 82 years, 0 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jno Wesley Hogg

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Martha A Brady

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry C Porter

(Address) 1625 Madison

Filed 2/26 1907

HARRY C. ANDREWS, III
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 19 Feb 1907 to 24 Feb 1907 that I last saw h alive on 24 Feb 1907, and that death occurred, on the date stated above, at 10.10 P M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) — DAYS

Contributory none

(DURATION) — DAYS

(Signed) G Lane Tannyhill M. D.

Feb 24 1907 (Address) 1103 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Feb 28 1907

UNDERTAKER: H W Means & Son

ADDRESS: 705 Calvert St

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

98606

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98606

City of Baltimore, (No. 1414, Harlem Ave, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edmund C. Bowie

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 18 1846 (Month) (Day) (Year)

AGE: 60 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm C Bowie

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie C Bowie

(Address) 1414 Harlem Ave

Filed 2/26 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 25 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 14th 1907 to Feb 25 1907

that I last saw him alive on Feb 24 1907,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Cancer, Stomach & Liver

(DURATION) DAYS

Contributory Cancer of the nipple 3 yrs.

(DURATION) DAYS

(Signed) Wilbur P. Morgan M. D.

Feb 26 1907 (Address) 315 W Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 27 1907
UNDERTAKER	ADDRESS
W. J. Baldwin Jr	Camden Ave

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...DEPARTMENT, City of Baltimore.

Ward 9 — 98607 — Registered No. B 98607

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 Madison Street Homestead Baltimore and St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph L. Laroque

{Residence, if in Baltimore, Give Street and Number.} 15 Madison st Homestead Baltimore co

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 5 1838

AGE: 68 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Edward Laroque

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Joseph L Laroque wife

(Address) 15 Madison st Homestead

Filed 2/26/1907 HARRY O. ANDREWS, REGISTER OF WILLS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 26 1907

I HEREBY CERTIFY, That I attended deceased from August 1 1906 to Feby 26 1907 that I last saw him alive on Feby 25 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Motor Paralysis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(DURATION) DAYS

(Signed) Young Westbrook M.D.

Address 232 Gilmor ave

Date Feby 26 1907

Place of Burial New Cathedral

Date Feb 28= 1907

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

Registered No. B 98603

98603

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 805 Peach alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Victor Stewart

{ Residence, if in Baltimore, Give Street and Number. } 805 Peach alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black.

DATE OF BIRTH: 7/26 1907

AGE: ..... years, ... months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Jos. T. Stewart

BIRTHPLACE OF FATHER (State or country): U. S. A.

MAIDEN NAME OF MOTHER: Annie Boyett

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant F. Edward Smith

(Address)

Filed 2/26 1907

HARRY C. ANDR***S, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2/26/07 1907

I HEREBY CERTIFY, That I attended deceased from 2/20/07 1907 to 2/26 1907

that I last saw h-r alive on 2/25 1907

and that death occurred, on the date stated above, at 12 30 P. M.

CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

Signed) F. Edward Smith M.D.

Address 578 Hanover St

Date 2/26/07 1907

Place of Burial Mt. Auburn Cem.

Date Feb 27th 1907

Undertaker G. L. Brownfield Son

Address 08 W Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

~~98609~~

Ward 7

Registered No. B 98609

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Groce

{Residence, if in Baltimore, Give Street and Number.} 927 Clinton St — City Hospital

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR Col.

DATE OF BIRTH 1

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Groce.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Lessie Hardman

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Orderly

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Lessie Hardman

(Address) 927 Clinton St

Filed 2/26 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

V.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 25 - 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1907 to Feb. 25 1907

that I last saw h[illegible] alive on Feb. 25 1907

and that death occurred, on the date stated above, at 2 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Exhaustion

(DURATION) DAYS

Con'tributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) W. J. Doney M.D.

Address City Hospital

Date February 25th 1907

Place of Burial Mt. Auburn V

Date Feb 27 1907

Undertaker G. L. Brown & Son

Address 108 N. Montgomery st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98610

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

98610

CERTIFICATE OF DEATH.

98610

Registered No. B .....

City of Baltimore, (No. Notre Dame Asquith St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sister Mary Benonita Haas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 24 (Day) 1907 (Year)

AGE: 25 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York City

FULL NAME OF FATHER: Joseph Haas

BIRTHPLACE OF FATHER (State or country): Bavaria

MAIDEN NAME OF MOTHER: Barbara Rodenfels

BIRTHPLACE OF MOTHER (State or country): Bavaria

OCCUPATION OF DECEASED: Teacher (Religious)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Clarissa

(Address) Notre Dame Asquith St.

Filed 2/26 1907 HARRY C. ANDREAS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 24 1907

that I last saw h.. alive on July 23 1907,

and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 8 Months

Contributory ..... (DURATION) ..... DAYS

(Signed) J. J. Kirby M. D.

July 25 1907 (Address) 1106 E. Fort Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Govanstown Priest | DATE OF BURIAL: Feb 27 1907

UNDERTAKER: A. Fink & Son | ADDRESS: 916 N. Gay St.

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 98611 — Registered No. B 98611

CERTIFICATE OF DEATH.

(Place of Death.) No. 1107 North Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Dobson

{Residence, if in Baltimore, Give Street and Number.} 1107 North Bond st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 11 1875

AGE: 31 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John T. Dobson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary H. Morgan

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Dobson

(Address) 1107 N. Bond st

Filed 2/26 1907 — HARRY C. ANDREWS, HARRY J. BERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 25th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 24th 1907 to Feby 25th 1907

that I last saw h[illegible] alive on Feby 25th 1907

and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate

Valvular Disease of Heart

(DURATION)

Contributory (Primary.)

(DURATION) DAYS

(Signed) I. D. Stoner M.D.

Address 1504 Eutaw

Date Feby 26th 1907

Place of Burial Baltimore County

Date Feb 28 1907

Undertaker Zickler & Zickler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98613

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98613

City of Baltimore, (No. Nt. C. Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma V. Embart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 3 (Month) 18 (Day) 1906 (Year)

AGE: ..... years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E. M. Stein

(Address) Nt. C. Hospt.

Filed 2/26 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 1906 to Feb. 24 1907

that I last saw h... alive on Feb 2, 1907,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis.

..... (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) ..... DAYS

(Signed) John Ruhrah M. D.

1907 (Address) 839 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Feb 27 1907

UNDERTAKER: C. H. Blizzard Co | ADDRESS: 1118 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...EALTH DEPARTMENT, City of Baltimore.

Ward 9 — 98612 — Registered No. B 98612

931

CERTIFICATE OF DEATH.

Place of Death.) No. 1602 E. Pratt St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name James Carroll Hartmeyer

{ Residence, if in Baltimore, Give Street and Number. } 1602 E. Pratt St.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	Nov. 21 1906
AGE	..... years, 3 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Albert Hartmeyer
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Louise Buenger
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Hartmeyer

(Address) 1602 E. Pratt st

Filed 2/26 1907 HARRY G. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 26 1907.

I HEREBY CERTIFY, That I attended deceased from Feb. 25 1907 to Feb. 25 1907

that I last saw him alive on Feb. 25 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea

(DURATION) DAYS

Contributory (Primary) pneumonia

(DURATION) 2 DAYS

(Signed) J. Josephson M.D.

Address 2808 E. Bond St.

Date Feb-26 1907.

Place of Burial Loudon Park

Date Feb 28 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98614
112 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98614

City of Baltimore, (No. 1101, Somersett St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adam Bauer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 31 (Day) 1869 (Year)

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Bauer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lizzie Ritter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lizzie Bauer

(Address) 1101 Somersett

Filed 2/26 1907

HARRY C. ANDREAS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 11 1906 to Feb 25 1907 that I last saw him alive on Feb 24 1907, and that death occurred, on the date stated above, at 3 A.M. The CAUSE OF DEATH was as follows:

Cirrhosis of Liver

(DURATION) 150 DAYS

Contributory ... (DURATION) ... DAYS

(Signed) H H Graham M. D.

Feb 25 1907 (Address) 1303 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Carmel | DATE OF BURIAL: Feb 28 1907

UNDERTAKER: C W Blizzard & Co | ADDRESS: 1119 Pa ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...DEPARTMENT, City of Baltimore.

Ward 4

Registered No. B 98615

130 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Cora Fuse

{Residence, if in Baltimore, Give Street and Number.} 206 Sharp St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Augustus Fuse.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Maisel

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. A. W. Fuse.

(Address) Belmont, Md.

Filed Feb 27 1907

...C. BIRKHEAD
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1907 to Feb 25 1907

that I last saw her alive on Feb 25, 1907,

and that death occurred, on the date stated above, at 2-15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pelvic Abscess
& Peritonitis

(DURATION) DAYS

Contributory (Primary.) Septicaemia

(DURATION) DAYS

(Signed) W. E. Langley M.D.

Address Md. Gen. Hosp.

Date Feb 26, 1907

Place of Burial New Freedom Pa.

Date Feb - 27th 1907

Undertaker Wm. H. Gaultney

Address 901 N. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...LTH DEPARTMENT, City of Baltimore.

Ward 10

98616 Registered No. B 98616

CERTIFICATE OF DEATH.

151 ✓

(Place of Death.) No. 13 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name infant of Thomas & Elizabeth Stewart Not named.

{Residence, if in Baltimore, Give Street and Number.} 13 N. Castle St.

Duration of Residence in Baltimore. ~~7 days~~ one day

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thomas Stewart

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Elizabeth Crosby

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Stewart

(Address) 13 h Castle St

Filed 2/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 25- 1907

I HEREBY CERTIFY, That I attended deceased from 24-2- 1907 to 2 1907

that I last saw h alive on 25-2- 1907,

and that death occurred, on the date stated above, at .....M.

CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(7 months)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. M. Boyd M.D.

Address 1418 Jefferson St.

Date 2 6 1907

Place of Burial Asbury ✓

Date Feb 27 1907

Undertaker Wm J G Jackson

Address 1412 Myrtle Ave St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 98617 — Registered No. B 98617

26V

CERTIFICATE OF DEATH.

(Place of Death.) No. 250 London av. Irvington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth J. Regean

{Residence, if in Baltimore, Give Street and Number.} 250 London av. Irvington

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 23 1872.

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John Regean

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Jane Hardesty

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Michael Lanahan

(Address) 250 London av Irvington

Filed 2/27 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 25 1907

I HEREBY CERTIFY, That I attended deceased from October 1906 to February 25 1907 that I last saw her alive on February 25 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Genral Asthenia (DURATION) 90 DAYS

Contributory (Primary.) Laryngeal Tuberculosis (DURATION) 2 Yrs

(Signed) Howard W Jones M.D.

Address Irvington

Date February 27 1907

Place of Burial Bonnie Brae Cemetery

Date Feb 28 1907

Undertaker James Dignan & Son

Address 759 N. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98618

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

Registered No. B 98618

City of Baltimore, (No. 402 N Parish alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Leah F. Brooks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Taylorsisland Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Garson Brooks

(Address) 402 Parrish alley

Filed 2/27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 — 24 — 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 10 — 14 1906 to 2 — 24 1907 that I last saw her alive on 2 — 24 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Paralysis

Hemiplegia (DURATION) 14 DAYS

Contributory 14 days (DURATION) 14 DAYS

(Signed) L. D. Digges M. D.

2 — 26 1907 (Address) 1113 Argyle ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn cemetery | DATE OF BURIAL: Feb 27 1907

UNDERTAKER: Geo H Hooper | ADDRESS: 609 Little Vacant

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...LTH DEPARTMENT, City of Baltimore.

Ward ..... 98619 Registered No. B 98619

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Carrie H. Heslop

{Residence, if in Baltimore, Give Street and Number.} 24 E. 20th St.

Duration of Residence in Baltimore. Life residence

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: August 13rd 1848

AGE: 58 years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Frederick A. C. Whitkoff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Ellen G. Busk

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. J. Heslop

(Address) 24 E. 20th St.

Filed 2/27 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 26 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to Feb 26 1907 that I last saw h.. alive on Feb 26 1907, and that death occurred, on the date stated above, at 8.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tumor of Parotid gland

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(DURATION) DAYS

(Signed) E. H. Hutchins M.D.

Address Church Home and Infirmary

Date 2-26 1907

Place of Burial Druid Ridge Cemetery

Date FEB 28 1907 1907

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98620

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98620

City of Baltimore, (No. 1410 Fairmount Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME John. Lang

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. (Month) 28 (Day) 1850 (Year)

AGE: 56 years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Jacob. Lang.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Henriette Harpich

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Baker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Lang

(Address) 1410 Fairmount Ave

Filed 2/27 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 23rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 19 1907 to Feb 23 1907

that I last saw h[illegible] alive on Feb 23 1907,

and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia
following La Grippe

(DURATION) 5 DAYS

Contributory [illegible] (DURATION) DAYS

(Signed) Albertus Coll M. D.

Feb 26 1907 (Address) 1828 E. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL: Feb 27 1907

UNDERTAKER: C. J. Fanning — ADDRESS: 1038 E Lafayette

6

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

98621

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98621

City of Baltimore, (No. 1209 Raborg St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anderson Rodgers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Jackson Tenn. U.S.A.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Robinson

(Address) 1125 Caroline St

Filed 2/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 27th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 24th 1907 to 26 Ever 1907

that I last saw h... alive on Feb 26th 1907,

and that death occurred, on the date stated above, at 1 A.M. The CAUSE OF DEATH was as follows:

Pneumonia —

..... (DURATION) ..... DAYS

Contributory —

..... (DURATION) ..... DAYS

(Signed) S. A. Bell M. D.

2.27 1907 (Address) 1212 W. Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 27 1907

UNDERTAKER: Alfred J Fiellander — ADDRESS: 106 North Schroeder St.

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

98622

Ward 14 • 98623 Registered No. B 107

CERTIFICATE OF DEATH.

(Place of Death.) No. 1900 Madison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oliver H. H. Warner

{Residence, if in Baltimore, Give Street and Number.} 1900 Madison ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Dec. 11th 1853

AGE 53 years, two months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James H. Warner

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Marian Huck

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Paper Business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O H Warner Estate

(Address) Hotel Altamont

Filed 2/27 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 25 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15 1907 to Feb 25 1907

that I last saw him alive on Feb 24 1907

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Dilated stomach, with ulcer at pylorus

(DURATION) 3 months

Contributory (Primary.) Congestion of lungs & Asthenia (DURATION) 1 day

(Signed) Julius Friedmann M.D.

Address 19 N. Franklin St

Date Feb 26, 1907 1907

Place of Burial Loudon Park Cem

Date 28th February 1907

Undertaker Hy W. Jenkins & Sons Co

Address 233 W. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

98623

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98623

Registered No. B.....

City of Baltimore, (No. 415 Forest Street St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eleazer Wolpe

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 67 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Jackob Wolpe

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rosa Ayserberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Storekeeper (Grocer)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel D. Smith

(Address) 1126 Carlton Road

Filed 2/27 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 26 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 16 1907 to Feb 26 1907

that I last saw him alive on Feb. 25 1907,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Valvular heart disease

Chronic nephritis

Some months (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Samuel D. Smith M. D.

Feb. 27 1907 (Address) 1126 Carlton Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Philip Rd Cemetery	Feb 27, 1907
UNDERTAKER	**ADDRESS**
Max Levinson	1138 Lowst

WM. J. C. DULANY CO., BALTIMORE.

✓

HEALTH DEPARTMENT, City of Baltimore.

Ward 5th

98624 Registered No. B 98624

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. 1128 Law St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Morris~~ Julius Levy

{Residence, if in Baltimore, Give Street and Number.} 1128 Lad St

Duration of Residence in Baltimore. from birth

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH June 17 1890

AGE 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Morris Levy

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Berlowitz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Morris Levy

(Address) 1128 Lad St

Filed 2/27/1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 27th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1904 to Feby 1907

that I last saw h[illegible] alive on 1/27 1907

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Heart disease

(Mutral Insufficiency)

(DURATION) DAYS

Con'ributory (Primary.) Oedema of Lungs

(DURATION) DAYS

(Signed) M. M. Savage, M.D.

Address 421 E. Baltimore

Date February 27th 1907

Place of Burial Washington Rd Edna

Date February 27, 1907

Undertaker Max Leinzer

Address 1138 Low st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 98625 — Registered No. B 98625

CERTIFICATE OF DEATH.

35 V

(Place of Death.) No. 739 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theresa Whalen

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1906

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Percy Whalen

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Jennie Banks

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Percy Whalen

(Address) 739 Pierce St.

Filed 2/27 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26th 1907 to 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage Secondary

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gichtaut M.D. Coroner

Address 211 N. Conrad

Date Feb 26th 1907

Place of Burial Mt. Auburn Cemetery

Date Feb 28 1907

Undertaker Felix B. Pyle

Address 102 E. Blackberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98626

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98626

Registered No. B.....

City of Baltimore, (No. 63 Buckthorn St., ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Hilleard Bartle.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 13 1905
(Month) (Day) (Year)

AGE: 2 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Sam. S. Bartle

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Edith Shively

BIRTHPLACE OF MOTHER (State or country): Carroll Co

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam. S. Bartle

(Address) 80 Buckthorn

Filed 2/27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 25 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 25 1907 to only. 1907

that I last saw her alive on Feb 25 1907,

and that death occurred, on the date stated above, at 8.50 A. M. The CAUSE OF DEATH was as follows:

Double Lobar Pneumonia.

(DURATION) 2 DAYS

Contributory —

(DURATION) DAYS

(Signed) Albert O Pelley M. D.

Feb 26 1907 (Address) 3849 Roland Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Feb 27 1907

UNDERTAKER: J S Marshall

ADDRESS: 3509 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ...

98627 Registered No. B 98627

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 S. Wolf St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Koffschinsky

{Residence, if in Baltimore, Give Street and Number.} 411 S Wolf St

Duration of Residence in Baltimore. 39 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 18 1848

AGE: 18 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs B. Koffschinsky

(Address) 411 S. Wolf St

Filed 2/27 1907

HARRY G. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 25 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to Feb 25 1907

that I last saw him alive on ... 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Grip (DURATION) 14 DAYS

Contributory (Primary.) Pneumonia (DURATION) ... DAYS

(Signed) J. H. Collenberg M.D.

Address 1810 E Balto St

Date Feb. 27 1907

Place of Burial Mount Carmel

Date Feb 28 1907

Undertaker H Nicolaus & Son

Address 1520 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 98628 — Registered No. B 98628

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ben. Edwards

{ Residence, if in Baltimore, Give Street and Number. } 207 North Eden Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Steadore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miles Wilson

(Address) 207 N Eden st

Filed 2/27 1907 HARRY O'. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24 1907

I HEREBY CERTIFY, That I attended deceased from Feb 16 1907 to Feb 24 1907 that I last saw h[illegible] alive on Feb 24 1907, and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date 2/25 1907

Place of Burial Asbury Cemetary

Date Feb 27 1907

Undertaker John W Henderson

Address 31 N Carolina st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 98629 — Registered No. B 98629 — 164 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Near cor Fayette & Conrad Sts (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. P. Jones

{Residence, if in Baltimore, Give Street and Number.} 1259 Battery Ave — Home in Washington D.C.

Duration of Residence in Baltimore. Short time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Iron Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie M. Reid

(Address) 1259 Battery Ave

Filed 2/27 1907 — EARLY D. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26 1907

I HEREBY CERTIFY, That I attended deceased from As known 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate) Fracture of Skull & Ribs, & bruising of Lungs & Contusions on Chest.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilbert M.D.

Address 211 N. Conrad

Date Feb 27. 1907

Place of Burial Washington D.C.

Date Feb 27 1907

Undertaker S. St. Knott

Address Undertaker

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward .....

Registered No. B 19

CERTIFICATE OF DEATH. 98630

(Place of Death.) No. 625 N Chapel st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nathaniel Bailey

{ Residence, if in Baltimore, Give Street and Number. } 625 N Chapel st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry F Bailey

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Henrietta Newman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Laura V Bailey

(Address) 625 N Chapel St

Filed 2/27 1907

ROBT. C. ARIES Registrar

PERMIT GIVEN

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 26 1907

I HEREBY CERTIFY, That I attended deceased from Feby 25 1907 to Feby 26 1907 that I last saw him alive on Feby 25 1907, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) ... DAYS

Contributory (Primary.) Cardiac Asthma Several years (DURATION) ... DAYS

(Signed) N N White M.D.

Address 1101 N. Biway

Date Feb 27 1907

Place of Burial Woodberry

Date Febuary 28th 1907

Undertaker R A Elliott

Address 508 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98631

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98631

Registered No. B.....

City of Baltimore, (No. 216 N. Bethel St.; 6 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Murray M. Diggs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: July (Month) 31 (Day) 1872 (Year)

AGE: 34 years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia Nathume Co

FULL NAME OF FATHER: Joseph Diggs

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Maggie Diggs

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Lean Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred A Bendick

(Address) 32 S. B'way

Filed 2/27 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from February 24 1907 to death 1907

that I last saw him alive on Feb 25 1907,

and that death occurred, on the date stated above, at 2.10 P. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) 6 mo

Contributory —

(DURATION) — DAYS

(Signed) Alfred A Bendick M. D.

Feb 26 1907 (Address) 32 S B'way

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodberry

DATE OF BURIAL: March 1 1907

UNDERTAKER: R A Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

PERMIT CLERK.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

98632

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 98632

Registered No. B

City of Baltimore, (No. 1809 Guilford Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harriet M. Madden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1825 (Year)

AGE: 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Co. Md.

FULL NAME OF FATHER: Mr Reuven

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Harris.

(Address) 411 Mc Callas Court

Filed 3/27 1907 HARRY D. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Febr. (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1907 to Feb. 26 1907

that I last saw her alive on Feb 26 1907,

and that death occurred, on the date stated above, at 3-30 P.M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 26 DAYS

Contributory Paralysis (Complete)

(DURATION) 19 DAYS

(Signed) M E Douglass M. D.

2/26 1907 (Address) 129 E North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: March 2 1907

UNDERTAKER: J. L. Elliott — ADDRESS: Laurel

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

98633

Ward 17

Registered No. B 98633

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. 2112 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Boston

{Residence, if in Baltimore, Give Street and Number.} 2112 Druid Hill Ave.

Duration of Residence in Baltimore. Thirteen years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Daniel Boston

BIRTHPLACE OF FATHER (State or country) Hat River Md

MAIDEN NAME OF MOTHER Louisa Turner

BIRTHPLACE OF MOTHER (State or country) Hat River Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Daniel Boston

(Address) 2112 Druid Hill Ave

Filed 2/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 26 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1907 to Feb 26 1907

that I last saw h.. alive on Feb 26 1907.

and that death occurred, on the date stated above, at 9:20 P. M. CAUSE OF DEATH (Secondary or Immediate) Mitral & Aortic Insufficiency also Chronic Nephritis.

— (DURATION) — DAYS

Contributory (Primary) Degeneracy

(DURATION) DAYS

(Signed) Edward W. Sudler M.D.

Address 1233 Dolbie Ave

Date Feb. 27 1907

Place of Burial Hat River Md

Date 3/1 1907

Undertaker Alex Hamilton

Address 1518 N. Bradford St

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 98634 — Registered No. B 98634

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Michael Colson

{ Residence, if in Baltimore, Give Street and Number. } 1430 Division Street

Duration of Residence in Baltimore..

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1.....

AGE: 34 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Jefferson Colson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Louisa Loving

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dessie Colson

(Address) 1430 Division st.

Filed 2/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 26 1907

I HEREBY CERTIFY, That I attended deceased from Feb 12 1907 to Feb 26 1907 that I last saw him alive on Feb 26 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Glands of Neck

Post Operative Shock

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) E S T Richardson M.D.

Address Johns Hopkins Hospital

Date 2/27 1907

Place of Burial Laurel Cemetery

Date February 27th 1907

Undertaker Felix B Rye

Address 1026 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

98635 Registered No. B 98635

CERTIFICATE OF DEATH.

(Place of Death.) No. Lying-in Hospital, Univ. & Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Warren

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 72 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Penna.

FULL NAME OF FATHER Frederick H Warren

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Isabelle Jardien

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ivie J Hallen

(Address) Edwardsville Pa

Filed 2/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26 1907

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Feb 26 1907 that I last saw her alive on Feb 26 1907, and that death occurred, on the date stated above, at 2:30 A. M. CAUSE OF DEATH (Secondary or Immediate) Hypostatic Congestion of Lungs.

(DURATION) 1 DAY

Contributory (Primary.) Salpingitis Bilateral Metritis, Pelvic abscess (DURATION) 5 DAYS

(Signed) P O Dees, M.D.

Address 622 N. Lombard St

Date Feb. 26 1907

Place of Burial Edwardsville Luzerne Co Pa

Date Feb 27 1907

Undertaker Jas B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

98636 Registered No. B 98636

CERTIFICATE OF DEATH.

(Place of Death.) No. 404 N. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Cochran

{Residence, if in Baltimore, Give Street and Number.} 404 N. Bethel.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE ... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Claborne Cochran

BIRTHPLACE OF FATHER (State or country) N C

MAIDEN NAME OF MOTHER Elizer Farrell

BIRTHPLACE OF MOTHER (State or country) N C

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Elizer Cochrane

(Address) 404 N. Bethel St

Filed 2/27 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25 190 7

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions (Sudden)

... (DURATION) ... DAYS

Contributory (Primary.)

... (DURATION) ... DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Feb 25 190 7

Place of Burial Laurel

Date Feb 28 190 7

Undertaker R. T. Collins

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98637

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98637

City of Baltimore, (No. 1722 Snyder Ed St.; 2 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Fred Albers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March (Month) 9 (Day) 1895 (Year)

AGE: 11 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John H. Albers

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mary Gran

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred A Bendheim

(Address) 32 S Broadway

Filed 1/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 24th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 28 1906 to Feb 24 1907 that I last saw h im alive on Feb 24 1907, and that death occurred, on the date stated above, at 6.35 P. M. The CAUSE OF DEATH was as follows:

Uraemia (DURATION) 14 DAYS

Contributory Arteriolar Rheumatism

Endocarditis Septuta (DURATION) 5 months

(Signed) Alfred A. Bendheim M. D.

Feb 25 1907 (Address) 32 S Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
1st Evangelical Lem	Feb. 27th 1907
UNDERTAKER	ADDRESS
H. SANDER & SONS,	1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward..... 98638 Registered No. B 98638

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Samuel Leonard.

{Residence, if in Baltimore, Give Street and Number.}.....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 2/27 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 25 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 23 1907 to Feb. 25 1907

that I last saw him alive on Feb. 25 1907,

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate

Tetanus following Gangrenous frost bite of both feet.

(DURATION) 10 DAYS

Con'tributory (Primary.) Tetanus

Convulsions (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date Feb. 26 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 26 1907 190

Undertaker William H Woodus

Address 1811 aiken st

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

84

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 98639 — Registered No. B 98639

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Rich

{ Residence, if in Baltimore, Give Street and Number. } 2306 Etting Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 25 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Deck-Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/27 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25" 1907

I HEREBY CERTIFY, That I attended deceased from Jan 29 1907 to Feb 25" 1907

that I last saw h alive on Feb 25" 1907,

and that death occurred, on the date stated above, at 1245 a.m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date 2/26 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 26 1907 190

Undertaker Commissioner Health, W

Address Health Department

WM. J. C. DULANY CO., Baltimore

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

84

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

98640 Registered No. B 98640

CERTIFICATE OF DEATH.

176 ✓

(Place of Death.) No. Killed on Schooner R. T. Rundlette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul Jennings

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/27 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 9th 1907

I HEREBY CERTIFY, That I attended deceased from ....1900.... to ....1900....

that I last saw h.... alive on ....1900....,

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate)

Death due to Pistol Ball

(Homicide)

....(DURATION).... DAYS

Contributory (Primary.)

....(DURATION).... DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 E Greene St.

Date ....1900....

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 26 1907 1900

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

176

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 2nd

98641

Registered No. B 98641

CERTIFICATE OF DEATH.

(Place of Death.) No. 2048 Fountain St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kunigunda Weidinger

{Residence, if in Baltimore, Give Street and Number.} 2048 Fountain St.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 13th 1837

AGE: 70 years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Weidinger

(Address) 419 S. Madeira St

Filed 2/27/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27, 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1907 to Feb. 27, 1907 that I last saw h alive on Feb. 26, 1907, and that death occurred, on the date stated above, at 9.30 a. m. CAUSE OF DEATH (Secondary or Immediate) Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 111 E. Fayette

Date Feb. 27, 1907

Place of Burial Holy Redeemer Cemetery

Date March 1st 1907

Undertaker Germanus France

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98642

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98642

City of Baltimore, (No. 1811, Fulton Terrace St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown (Month) (Day) 1 (Year)

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Lancaster Co. Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Sarah Lewis

(Address) 1811 Fulton Terrace

Filed 2/27 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to Feb. 26 1907.

that I last saw him alive on " 22 1907,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

about 7 mos (DURATION) DAYS

Contributory General weakness

(DURATION) DAYS

(Signed) Chas. E. Conser M. D.

Feb. 26 1907 (Address) 1113 N. Fulton Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Zion — DATE OF BURIAL: Feb 28 1907

UNDERTAKER: JAMES H. DENNIS — ADDRESS: 1332 PRESSTMAN ST.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 98643 Registered No. B 98643

CERTIFICATE OF DEATH.

(Place of Death.) No. 820 S. Stricker st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Josef Benda

{Residence, if in Baltimore, Give Street and Number.} 820 S. Stricker st.

Duration of Residence in Baltimore. 3 yr's

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W. Wtd

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Josef Benda

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbora Benda

(Address) 212 Rose st.

Filed 2/27 1907

HARRY C. ANDRE, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 27. 1907

I HEREBY CERTIFY, That I attended deceased from Feb 23 1907 to Feb 27 1907 that I last saw him alive on Feb 27 1907, and that death occurred, on the date stated above, at 3.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia
Cancer respiratory
Paralysis

(DURATION) Ten DAYS

Contributory (Primary.) —

(DURATION) ..... DAYS

(Signed) G. H. Rinn M.D.

Address 1100 E. Baltimore

Date Feb. 27 1907

Place of Burial Holy Redeemer

Date Feb. 1907

Undertaker Grand Coach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Penalty for Neglect to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

...LTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 98644

98644

CERTIFICATE OF DEATH.

14 V

(Place of Death.) No. 1743 Ashland Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas M. Tinn

{Residence, if in Baltimore, Give Street and Number.} 1743 Ashland Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 13th 1905

AGE: — years, 21 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Thomas J. Tinn

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Catherine C. Norton

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine C. Norton

(Address) 1743 Ashland Ave.

Filed 2/27 1907 HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26 1907

I HEREBY CERTIFY, That I attended deceased from Feb 10 1907 to Feb 26 1907 that I last saw h in alive on Feb 26 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Erisipelas

6 Weeks (DURATION) DAYS

Contributory (Primary.)

Pneumonia (DURATION) — DAYS

(Signed) Anthony L. Bosielli M.D.

Address 827 Aisquith St

Date Feb 27 - 07 1907

Place of Burial New Cathedral Cem

Date Feb. 28th 1907

Undertaker Germanus Trance

Address 1901 Bank St.

WM. J. C. DULANY CO., BALTIMORE.

(37) SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98645

HEALTH DEPARTMENT. CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98645

Registered No. B.....

City of Baltimore, (No. 2000 Monroe St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Norma C. Fangmeyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 20 (Day) 1886 (Year)

AGE: 20 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Cinn. Ohio

FULL NAME OF FATHER: Wm C Fangemeyer

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ida Grundhofer

BIRTHPLACE OF MOTHER (State or country): Cinn Ohio

OCCUPATION OF DECEASED: Maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm C Fangemeyer

(Address) 2000 N Monroe St

Filed 2/27 1907.

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 25 1907 to Feb 25 1907 that I last saw h e alive on Feb 25 1907, and that death occurred, on the date stated above, at 10:30 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

10 hrs. (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Dr E Miles Wheeler M. D.

Feb 27 1907 (Address 229 W North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudan Park

DATE OF BURIAL: Feb 28 1907

UNDERTAKER: E M. Mitchell

ADDRESS: 1201 N Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 98646 — Registered No. B 98646

CERTIFICATE OF DEATH.

(Place of Death.) No. 650 Elm Ave Hampden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marion F. Guilfoy

{Residence, if in Baltimore, Give Street and Number.} 650 Elm Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 8 1883 1883

AGE: 23 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John H. Porter

BIRTHPLACE OF FATHER (State or country): Howard Co

MAIDEN NAME OF MOTHER: Martha E. Wink

BIRTHPLACE OF MOTHER (State or country): Carroll Co

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael A Guilfoy

Address 650 Elm Ave

Filed 2/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 26 1907

I HEREBY CERTIFY, That I attended deceased from Febuary 22nd 1907 to Feb 26 1907 that I last saw h.. alive on Feb 25 1907, and that death occurred, on the date stated above, at 3.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

according to History given by family (DURATION) 30 DAYS

Con'ributory (Primary) (DURATION) DAYS

(Signed) A Shelley M.D.

Address Albert Shelley 3849 Roland

Date Feb 27/07 1907

Place of Burial St Mary's Hampden

Date Feb 28 1907

Undertaker Wm. E. Chenoweth

Address 919 Third Ave, Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

Registered No. B 98647

98647

CERTIFICATE OF DEATH.

99 V

(Place of Death.) No. 115 E West St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rev. Gerard H. Dieker

{Residence, if in Baltimore, Give Street and Number.} 115 E West St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White.

DATE OF BIRTH: Dec. 23rd 1869

AGE: 38 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: " "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. Charles Danner (Pastor)

(Address) 115 E West St.

Filed 2/27 1907

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 25 1907

I HEREBY CERTIFY, That I attended deceased from Feb 25 1907 to Feb 25 1907

that I last saw him alive on Feb 25 1907.

and that death occurred, on the date stated above, at 11.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from the Lungs

(DURATION) one DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John H Grosham M.D.

Address 1303 Light

Date Feb 26 1907

Place of Burial Holy Cross R R Co

Date February 28 1907

Undertaker E Hurt

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 98648 Registered No. B 98648

CERTIFICATE OF DEATH.

(Place of Death.) No. 527 W Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F Ryan

{Residence, if in Baltimore, Give Street and Number.} 527 Lafayette Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Unknown 1835

AGE 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Martin Ryan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Winfred Durkin

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Ryan

(Address) 527 W Lafayette Ave

Filed 2/27 1907

HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 26th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 25 1907 to Feby 26 1907 that I last saw him alive on Feby 25 1907 and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) one DAYS

Contributory (Primary.) Acute Alcoholism

(DURATION) 6 DAYS

(Signed) C.K. Jumpe M.D.

Address 1419 Madison Ave

Date Feby 26 1907

Place of Burial New Cathedral

Date March 2nd 1907

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 98649 — Registered No. B 98649

CERTIFICATE OF DEATH.

(Place of Death.) No. 1517 Hopkins ave St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Mueller

{Residence, if in Baltimore, Give Street and Number.} 1517 Hopkins ave

Duration of Residence in Baltimore. 39 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 29th 1831

AGE: 76 years, — months, 28 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Brein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Fisher

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lina Borges

(Address) 1517 Hopkins ave

Filed 2/28 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Febr. 26 — 1907

I HEREBY CERTIFY, That I attended deceased from Febr. - 20 - 1907 to Febr. - 26 1907 that I last saw her alive on Febr. - 26 1907, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) 3 DAYS

Contributory (Primary.) angina pectoris

(DURATION) 6 DAYS

(Signed) Peirce E. Dausel M.D.

Address 121, Jackson Square

Date Febr. - 27 - 1907

Place of Burial Baltimore Cemetery

Date March 1st 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...ARTMENT, City of Baltimore.

Ward 13

98650 Registered No. B 98650

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Heiser nee Ayers

{Residence, if in Baltimore, Give Street and Number.} 1015 Kensett St.

Duration of Residence in Baltimore. 18 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 30th 1888

AGE: 18 years, 5 months, 27 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ [redacted]

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James E Ayers

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Anna V Benson

BIRTHPLACE OF MOTHER (State or country): Montgomery Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert P Ayers

(Address) 726 Second ave

Filed 2/28 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 26, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 16, 1907 to Feb 26 1907

that I last saw her alive on Feb 26 1907,

and that death occurred, on the date stated above, at 7-00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pyosalpinx.

(DURATION) DAYS

Contributory (Primary.) Peritonitis.

(DURATION) DAYS

(Signed) C. E. Langley M.D.

Address Md. Gen. Hospital

Date Feb 26, 1907

Place of Burial Baltimore Cemetary

Date March 1st 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 2 — 98651 — Registered No. B 98651

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ophelia Positoki

{ Residence, if in Baltimore, Give Street and Number. } 1604 Lancaster St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 13 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomon

(Address) 118 W. Mt. Royal ave.

Filed 2/28 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Feb. 27 1907

that I last saw h[illegible] alive on Feb. 27 1907,

and that death occurred, on the date stated above, at 4 15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cretinism

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary.) Phthisis

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Feb. 27 1907

Place of Burial Sacred Heart

Date 2/28 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 98652 — Registered No. B 98652

CERTIFICATE OF DEATH.

151V

(Place of Death.) No. 1911 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian Hittel

{Residence, if in Baltimore, Give Street and Number.} 1911 W. Pratt

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 25 1907

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER Charles Hittle

BIRTHPLACE OF FATHER (State or country) Balt Md

MAIDEN NAME OF MOTHER Frances Burkman

BIRTHPLACE OF MOTHER (State or country) Balt Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Hittle

(Address) 1911 W. Pratt St

Filed 2/28 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26 to Feb 27

that I last saw him alive on ..... 190..

and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Lobular

..... (DURATION) ..... DAYS

Contributory (Primary.) Indigestion

..... (DURATION) ..... DAYS

(Signed) Edmund Jones M.D.

Address 1911 W. Pratt St

Date Feb 27 1907

Place of Burial Mount Cathedral

Date Feb 28 1907

Undertaker W. S. Frank

Address 213 W. Pratt St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

98653

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

34 ✓

CERTIFICATE OF DEATH.

Registered No. B 98653

City of Baltimore, (No. 14 S. Carrollton Ave St.; Ward)
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Minnie K. Cline

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. (Month) 12 (Day) 1884 (Year)

AGE 22 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Eli Cline —

BIRTHPLACE OF FATHER (State or country) New Jersey —

MAIDEN NAME OF MOTHER Anna K Yingling

BIRTHPLACE OF MOTHER (State or country) New Windsor, Carrol Cnty

OCCUPATION OF DECEASED Shirt Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie E Cline

(Address) 9 N. Gaunty St

Filed 2/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 7 1906 to Feb. 26 1907 that I last saw h er alive on Feb. 25 1907 and that death occurred, on the date stated above, at 9.20 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis Pneumonia

3 months. (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) J. Thomas Nelson M. D.

Feb 26 1907 (Address) 1300 N Stricker

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Westminster | DATE OF BURIAL March 1 1907

UNDERTAKER J. W. Cook | ADDRESS 1063 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...ARTMENT, City of Baltimore.

Ward 20

98654 Registered No. B 98654

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 702 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minnie Rosenthal

{Residence, if in Baltimore, Give Street and Number.} 702 Frederick Ave

Duration of Residence in Baltimore. 52 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	October 9 1824
AGE	77 years, 4 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	not known
BIRTHPLACE OF FATHER (State or country)	not known
MAIDEN NAME OF MOTHER	not known
BIRTHPLACE OF MOTHER (State or country)	Not known
OCCUPATION OF DECEASED	House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. W. Rosenthal

(Address) 702 Frederick Ave

Filed 2/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 26 1907

I HEREBY CERTIFY, That I attended deceased from January 5 1907 to Feby 26 1907 that I last saw her alive on Feby 26 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 2 DAYS

Contributory (Primary.)

Senile Decay (DURATION) 45 DAYS

(Signed) Henry Stahn M.D.

Address Irvington

Date Feby 27 1907

Place of Burial Western Cem

Date Feb 28 1907

Undertaker Jos B Cook

Address 1503 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 27

98655 Registered No. B 98655

CERTIFICATE OF DEATH.

(Place of Death.) No. 643 Columbia Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs H Hoover

{Residence, if in Baltimore, Give Street and Number.} 643 Columbia Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Oct 3 1840

AGE 66 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER George Hoover

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Elizabeth Hafner

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C H Buckard

(Address) 1 Hillen Square

Filed 2/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 25 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Feb 25 1907 that I last saw h alive on Feb 25 1907, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Collapse

(DURATION) 1 day

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) 60 DAYS

(Signed) Harry Boyd M.D.

Address 607 Columbia Ave

Date Feb 27 1907

Place of Burial London Park

Date Feb 28 1907

Undertaker Jas B Cook

Address 1103 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

98656

Registered No. B 98656

118 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Lizzie Jane Thomas.

{Residence, if in Baltimore, Give Street and Number.} Washington, D. C.,

Duration of Residence in Baltimore. Thirteen (13) days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr 16 1869

AGE 37 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Abraham Woodley

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Annie

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas A Thomas

(Address) 213. 1st St N.W. Washington DC

Filed 2/28 1907

HARRY C. ANIKER, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27, 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1907 to Feb. 27 1907

that I last saw h[illegible] alive on Feb. 27, 1907,

and that death occurred, on the date stated above, at 10:40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Appendicitis with General Peritonitis (DURATION) 13 DAYS

(Signed) R. B. Hayes M.D.

Address University Hospital,

Date Feb. 27 1907

Place of Burial Lynching in DC

Date Feb 28 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9

98657

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98657

City of Baltimore, (No. 1218 E North Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward C Whiting

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 1 (Month) (Day) 1836 (Year)

AGE: 70 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): South American

FULL NAME OF FATHER: Eder Whiting

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Inspector of Buildings

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mary A Whiting

Address: 1218 E North Ave

Filed 2/28 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 16 1907 to Feby 26 1907 that I last saw h[im] alive on Feby 26, 1907, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(Phthisis) (DURATION) 1 yr DAYS

Contributory —

(DURATION) DAYS

(Signed) Geo A Hartman M. D.

Feby 28, 1907 (Address) 121 N Caroline St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: March 1 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

98653

Ward 4

Registered No. B 98658

CERTIFICATE OF DEATH.

131

(Place of Death.) No. 1923 Cromwell AX St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Daffin

{Residence, if in Baltimore, Give Street and Number.} 1923 Cromwell AX

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — 1

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Nicholson

(Address) 1823 Cromwell St

Filed 2/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 27th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to Feb 27 1907

that I last saw her alive on Feb 26 1907,

and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Ovarian Tumor (Cystic)

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) W W Pence M.D.

Address 1238 Greenmount Ave

Date Feb 28th 1907

Place of Burial Greenmount Cem

Date March 1st 1907

Undertaker Jon Cook

Address 502 E Northave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 27

98659 Registered No. B 98659

CERTIFICATE OF DEATH.

(Place of Death.) No. 714 Meyers Court St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.) 27

Full Name Lewis Harris 6

{Residence, if in Baltimore, Give Street and Number.} 714 Meyers Court Left.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH November 22 1905

AGE 1 years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER William Harris 6

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Hughes 6

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Harris mother

(Address) 714 Meyers St

2/28/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 25 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Ste M Feinhardt M.D.

Address Coroner

Date February 26 1907

Place of Burial COLLEGE OF P. & S

Date FEB 27 1907 190

Undertaker Commissioner Health, W

Address Health Department

City to bury Dr

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98660

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

157

CERTIFICATE OF DEATH.

Registered No. B 98660

City of Baltimore, (No. 429 Augusta St.; ..... Ward ....)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter Tall

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec (Month) 24 (Day) 1906 (Year)

AGE ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER Lucy Tall

BIRTHPLACE OF MOTHER (State or country) Dont know

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. E. Peterman

(Address) 429 Augusta St

Filed 2/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb (Month) 23 (Day) 20 ? 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1. 1907 to Feb 27 1907 that I last saw him alive on 22 Feb 1907 and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Marasmus

About 5 weeks DURATION ..... DAYS

Contributory .....

Food DURATION ..... DAYS

(Signed) E. L. Peterson M. D.

Feb 1907 (Address) 105 S. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL COLLEGE OF P. & S.

DATE OF BURIAL FEB 27 1907

UNDERTAKER Commissioner Health.

ADDRESS Wells & Pontz

W

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

27

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — 98661 — Registered No. B 98661

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Chas. Rockstroh,

{Residence, if in Baltimore, Give Street and Number.} 1016 Patterson Ave

Duration of Residence in Baltimore... Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 13 1844

AGE: 62 years, 3 months, 14 days

~~SINGLE~~ MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Francis E Rockstroh

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy Rockstroh

(Address) 1016 Patterson Ave.

Filed 2/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 27 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to Feb 27 1907 that I last saw h~~im~~ alive on Feb 27 1907, and that death occurred, on the date stated above, at 4.3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Stenosis.

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. J. Barrett M.D.

Address In Franklin Square Hospital

Date 190

Place of Burial Greenlawn Park.

Date Mar 1 1907

Undertaker Jos. Oyster

Address 1600 N. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98662

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98662

City of Baltimore, (No. 420 Sharp St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Angelina A. Hoffman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 24 (Day) 1822 (Year)

AGE: 84 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Valentine Hoffman

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Bruner

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hoffman

(Address) 425 Sharp St

Filed 2/28 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to Feb. 27 190 7

that I last saw h[er] alive on Feb. 26 190 7,

and that death occurred, on the date stated above, at 2.20 A. M. The CAUSE OF DEATH was as follows:

Senile debility

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Gilbert Evalt M. D.

Feb 28 190 7 (Address) 703 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Rock Hall Md — DATE OF BURIAL: Mar 2 190 7

UNDERTAKER: Wm. J. Tekmeyer Sons — ADDRESS: 420 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

98663

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66 V

CERTIFICATE OF DEATH. 98663

Registered No. B.....

City of Baltimore, (No. 65 4 W. Mulberry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Jackel

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	75 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Jackel
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 2/28 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 26th - 1907 190
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 20th 1905 to Feby. 26 1907 that I last saw h im alive on Feby. 23d 1907, and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Paralysis (Hemiplegia)

Two years (DURATION) ..... DAYS

Contributory — V

..... (DURATION) ..... DAYS

(Signed) Louis W. Knight M. D.

Feby. 28 1907 (Address) 414 N. Greene St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Feb 29 1907
UNDERTAKER	ADDRESS
Matthew Cadogan	696 Mulberry St

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

98664

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98664

City of Baltimore, (No. Hosp. Cripple & Tyrone Street, Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Antony Patience

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

AGE: 4 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Peter Patience

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Barbara Matulewitz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Stoutmeyer

(Address) 1 Ft Carroll Row

Filed 2/28 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 26th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 16, 1907 to Feb 26, 1907 that I last saw him alive on Feb 26, 1907 and that death occurred, on the date stated above, at 8.00 A. M. The CAUSE OF DEATH was as follows:

Tuberculous Meningitis

(DURATION) 10 DAYS

Contributory Cryptogia

(DURATION) 6 months DAYS

(Signed) H. G. Cornwell M. D.

Feb 26, 1907 (Address) 1000 N. Chester St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1216 N. Collington Ave How long in Place of Death? 6 months

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 28 1907

UNDERTAKER: Jacob Frankenberg — ADDRESS: 428 S Broad

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5X 98665 Registered No. B 986

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Bennie Mailman

{Residence, if in Baltimore, Give Street and Number.} 1118 E Lombard St

Duration of Residence in Baltimore. 5 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 10 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Joseph Mailman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ida Gratchman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Mailman

(Address) 1118 E Lombard St

Filed 2/28 1907 HARRY G. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 12 1906 to Feb 28 1907 that I last saw h— alive on Feb 28 1907 and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) — DAYS

Contributory (Primary) Pneumonia

Carbuncle (DURATION) 98 DAYS

(Signed) C. Lee Bagley M.D.

Address Hebrew Asylum

Date Feb 28th 1907

Place of Burial Philip Rd Rows Dale

Date February 28, 1907

Undertaker Max Levinson

Address 1138 Low St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

98666 Registered No. B 98665

CERTIFICATE OF DEATH.

1061

(Place of Death.) No. 202 S. Regester St. 98666

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Charles H. Smith

{Residence, if in Baltimore, Give Street and Number.} 202 S. Regester St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 27 1904

AGE 2 years, 4 months, days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Nathan Smith

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Bessie Works

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Smith

(Address) 202 S Regester

Filed 2/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Dr. Gatle.

WM. J. C. DULANY CO.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26th 1907 to Feb 27th 1907

that I last saw him alive on " " 1907,

and that death occurred, on the date stated above, at 3.2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.) Entro-colitis

2 (DURATION) 3 DAYS

(Signed) J. E. Gatle, M.D.

Address 111 S Bdway

Date Feb 28th 1907

Place of Burial Trinity Gem

Date Feb 28th 1907

Undertaker Jno A. Inman

Address Bank & Ann Sts

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9866

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

140

CERTIFICATE OF DEATH.

Registered No. B 98667

City of Baltimore, (No. 215 N 23rd St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Kenny

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Dec. (Month) 26 (Day) 1867 (Year)
AGE	39 years, 2 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Burningham
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary McLaughlin
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Husband-Michael Kenny

(Address) 215 N. 23rd St.

Filed 2/28 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby (Month) 27th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 4th 1907 to Feby 27th 1907 that I last saw h[er] alive on Feby 26th 1907, and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Was Confined on 4th, Chas Walk, had at the time, back Ache, Which Continued Producing Congestion of Lungs. Chr Pain & Weakness (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Thos J Sherlock M. D.

2-27-1907 (Address) 25 W. Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	March 1st 1907
UNDERTAKER	ADDRESS
C A F Kilbin	1711 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 98668 — Registered No. B 98668

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Morgan

{Residence, if in Baltimore, Give Street and Number.} 906 Mc Donough St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter Annie Gould

(Address) 906 Mc Donough St

Filed 2/28 1907

HARRY C. AHLERS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1906 to Feb. 27 1907 that I last saw him alive on Feb 27 1907, and that death occurred, on the date stated above, at 11.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Double Lobar Pneumonia

Chronic Diffused Nephritis

Cystitis (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R. R. Vonnie M.D.

Address Bay View Hospital

Date Feb. 27 1907

Place of Burial Ashury

Date Feb 28 1907

Undertaker R. F. Elliott

Address 526 Rogers Ave

WM. J. C. DULANY CO., Baltimore

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

98669

Registered No. B 98669

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1106 E. Monument St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Leppish

{Residence, if in Baltimore, Give Street and Number.} 1106 E. Monument St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Jan 26th 1834

AGE: 73 years, 1 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Eitg

FULL NAME OF FATHER: Edward Morris Leppish

BIRTHPLACE OF FATHER (State or country): Eitg

MAIDEN NAME OF MOTHER: Elizabeth Scheeler

BIRTHPLACE OF MOTHER (State or country): Eitg

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E E Randell

(Address) 1947 Penna Ave

Filed 2/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26th 1907

I HEREBY CERTIFY, That I attended deceased from Jy 21 1906 to Jy 26 1906

that I last saw h alive on Feby 26 1906

and that death occurred, on the date stated above, at 6 M.

CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 1 DAYS

Contributory (Primary) Cerebral apoplexy (DURATION) 6 DAYS

(Signed) A Wrightson M.D.

Address 21 31 Eutaw Pla

Date Feb 27 1907

Place of Burial Baltimore Cemetery

Date Mar 2nd 1907

Undertaker Geo Weber

Address 1153 N. Eutaw St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

Registered No. B 98670

98670

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 539 Atford St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Watkins

{Residence, if in Baltimore, Give Street and Number.} 539 Atford St

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Red

DATE OF BIRTH: Dont Know 1

AGE: 75 years, — months, — days

~~SINGLE, MARRIED, WIDOWED~~, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Burk

Address 1107 W Stricker Ave

Filed 2/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26 1907

I HEREBY CERTIFY, That I attended deceased from Jan 23 1907 to Feb 26 1907 that I last saw him alive on Feb 25 1907 and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 30 DAYS

Contributory (Primary) old age

(DURATION) 90 DAYS

(Signed) Hans Struck M.D.

Address 6709 Harford Ave

Date Feb 27 1907

Place of Burial Forest Cemetery

Date Feb 28 1907

Undertaker J. Burk Burk

Address 1107 W Stricker Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

98671

Ward 1

Registered No. B 98671

CERTIFICATE OF DEATH.

(Place of Death.) No. 805 Shutter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry J Bennett

{Residence, if in Baltimore, Give Street and Number.} 805 Shutter

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 37 36 Years ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Joseph Bennett

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Amanda

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Bennett

(Address) 1207 Mulliken St

Filed 2/28 190 7

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 Feb 25,

and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate)

Cr. Inst Nephritis

... (DURATION) ... DAYS

Contributory (Primary.)

... (DURATION) ... DAYS

(Signed) Jos R Cumming M.D.

Address Corner Wdl

Date Feb 25-07 190

Place of Burial Asbury

Date Feb 28 190 7

Undertaker Wm J Jackson

Address 421 Mulliken St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 98672 — Registered No. B 98672

CERTIFICATE OF DEATH.

Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis S. Skinner

{Residence, if in Baltimore, Give Street and Number.} 12 N. Poppleton St -

Duration of Residence in Baltimore. 10 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St Paul Minn

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Skinner

(Address) 12 N. Poppleton St

Filed 2/28 1907 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2-27-1907

I HEREBY CERTIFY, That I attended deceased from 2-20-1907 to 2-27-1907

that I last saw h[illegible] alive on 2-27-1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Commission

(DURATION) 2 DAYS

Contributory (Primary.) Alcoholism

(Lobar Pneumonia) (DURATION) 5 DAYS

(Signed) Harry Lynn M.D.

Address 1342 S. Charles

Date Feb 27 1907

Place of Burial Balto Cedar

Date [illegible] 1907

Undertaker Wm Cook

Address 608 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 V 98673 Registered No. B 98673

93V

CERTIFICATE OF DEATH.

(Place of Death.) No. 217 E. Church St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgia Andrews.

{Residence, if in Baltimore, Give Street and Number.} 217 E. Church St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH May 8 1889

AGE 17 years, 9 mont's, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Geo. R. Andrews

BIRTHPLACE OF FATHER (State or country) Maine.

MAIDEN NAME OF MOTHER Emma Canaday

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Midkoung MD

(Address) 603 S. Sharp St.

Filed 2/28 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 28 1907.

I HEREBY CERTIFY, That I attended deceased from Feb 8 1907 to Feb 28 1907.

that I last saw h alive on Feb 27 1907.

and that death occurred, on the date stated above, at 6 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. Midkoung MD

Address 603 S. Sharp St.

Date Feb. 28 1907.

Egwell C.

Place of Burial Solomons Island Md

Date Mar 2" 1907

Undertaker Armstrong Denny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 98671 — Registered No. B 98674

CERTIFICATE OF DEATH.

35 V

(Place of Death.) No. 529 King — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Dailey

{ Residence, if in Baltimore, Give Street and Number. } ditto

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colored

DATE OF BIRTH: 1

AGE: ~~years~~ 18 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Daniel Dailey

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Wright

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Dailey

(Address) 529 King st

Filed 2/28 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1907 to 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Peritonaea
from Birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lightbourn M.D.

Address 211 N. Lemmon Corona

Date Feb 27 1907

Place of Burial Mt Auburn Cemetery

Date March 1 1907

Undertaker Wm H Hosey

Address 609 Little Paca st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

98675 Registered No. B 98675

CERTIFICATE OF DEATH.

(Place of Death.) No. 1424 Madison Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hannah J Benson 66

{Residence, if in Baltimore, Give Street and Number.} 1424 Madison Ave

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: white
DATE OF BIRTH: June 15 1835	
AGE: 71 years, 8 months, 13 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: married	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Martin Kelly	
BIRTHPLACE OF FATHER (State or country): Caroline Co Md	
MAIDEN NAME OF MOTHER: Elizth Watkins	
BIRTHPLACE OF MOTHER (State or country): Baltimore	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Herman P Benson

(Address) 1424 Madison Ave

Filed 3/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to July 28 190 7

that I last saw h alive on July 29 190 7,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 15 DAYS

Contributory (Primary.) Paralysis

2 Months (DURATION) DAYS

(Signed) H. F. Adams M.D.

Address 5 W 25th

Date July 28 1907

Place of Burial Loudon Park Cem

Date March 3 1907

Undertaker Jos. Jourdens, Jun

Address 217 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

98676

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98676

City of Baltimore, (No. 1434, Battery Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert E. Kelly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 10th (Day) 1869 (Year)

AGE: 46 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Emanuel Kelly

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Susan Zeigler

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Boiler Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Kelly

(Address) 1434 Battery Ave

Filed 2/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 27th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 18th 1907 to Feb 27th 1907

that I last saw him alive on Feb 26th 1907,

and that death occurred, on the date stated above, at 8.20 A.M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

about 3 months (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) T. J. O'Donnell M. D.

Feb 28th 1907 (Address) 1340 S Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park DATE OF BURIAL: Mar 2 1907

UNDERTAKER: John J Fahey ADDRESS: 1232 William

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1574 V

CERTIFICATE OF DEATH.

Registered No. B 98672

City of Baltimore, (No. 648, W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Siegel

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1828
(Month) (Day) Year)

AGE 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Do not know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Do not know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None Reckon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Siegel

(Address) 648 W. Fayette St.

Filed 3/1 1907

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 17 1907 to Feb. 27 1907 that I last saw her alive on Feb. 27 1907, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Heart Paralysis, due to Senile degeneration

(DURATION) 20 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Geo. H. Hofmann M. D.

Feb. 28 1907 (Address) 1702 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL MAR 1 1907

UNDERTAKER Elmer Co

ADDRESS 16 W. Eutaw St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — 98678 — Registered No. B 98678

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr. Harry Shern (Shorr)

{Residence, if in Baltimore, Give Street and Number.} 125 S. Bond

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Louis Schern

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fannie Caplan

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. L. Roseman

(Address) 202 S. Esther St

Filed 3/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 28 - 1907

I HEREBY CERTIFY, That I attended deceased from Feb 22 1907 to Feb 28 1907 that I last saw h[illegible] alive on Feb 28 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Abscess?

(DURATION) 3 DAYS

Contributory (Primary.) Acute Otitis media (DURATION) 14 DAYS

(Signed) Chas. Bagley Jr. M.D.

Address Hebrew Hospital

Date Feb. 28 1907

Place of Burial Hebrew Cem. Philips Rd. New Pen

Date March 1" 1907

Undertaker Mc Lennon

Address 1138 Low St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 98679 — Registered No. B 98679

CERTIFICATE OF DEATH.

(Place of Death.) No. 525 Roland Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry M. Ray

{Residence, if in Baltimore, Give Street and Number.} 525 Roland Ave

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 26- 1

AGE: 16 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Andrew J. Ray

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ida V. Redding

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Cotton Mill Employee

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew J. Ray

(Address) 525 Roland Ave

Filed 3/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 27 1907

I HEREBY CERTIFY, That I attended deceased from July 28 1907 to Feby 27 1907

that I last saw him alive on Feby 27 1907,

and that death occurred, on the date stated above, at 10.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 6 Mos

Contributory (Primary) Malnutrition (DURATION) 60 DAYS

(Signed) C. M. Coutz M.D.

Address 765 3rd Ave

Date March 1st 1907

Place of Burial St. Marys Hampden

Date March 1- 1907

Undertaker Horace Burgee

Address 3621 Falls Road

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

98680 Registered No. B 98680

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Schilling

{Residence, if in Baltimore, Give Street and Number.} 534 Wm Wareham Ln Lane

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Alfred Schilling

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Laborer Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant [redacted] Mrs Ida Schilling

(Address [redacted] Holliday 534 Wm Wareham Ln

Filed 3/1 1907 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 19 1907 to Feb. 27 1907

that I last saw h in alive on Feb. 27 1907,

and that death occurred, on the date stated above, at 4:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) 4 DAYS

(Signed) R R Vonnie M.D.

Address Bay View Asylum

Date Feb. 27 1907

Place of Burial Mt Olivet

Date 3/1/07 1907

Undertaker Wm J Schilling

Address 9 S. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 98681 — Registered No. B 98681

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Tracks of B. & O. R.R. Co. (Pine Ave between Conn. Ave Sts.) (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William H. Snyder

{Residence, if in Baltimore, Give Street and Number.} 1253 James St.

Duration of Residence in Baltimore. 3 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 7th 1866.

AGE: 41 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Cecil Co Md

FULL NAME OF FATHER: Henry C. Snyder

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Sturgaut

BIRTHPLACE OF MOTHER (State or country): Cecil Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mary L. Brady (sister)

(Address) 1253 James St.

Filed 2/1 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 27 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw him alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cut in half by Engine #851 of B. & O. R.R. Co.

Death due to negligence on the part of the B.R.Co. (DURATION) ..... DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Otto Rutzenhardt M.D.

Address Coroner

Date March 1. 1907

Place of Burial London Park.

Date March 2nd 1907

Undertaker Jno & Jas John H. Seufert

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 98682 — Registered No. B 98682

CERTIFICATE OF DEATH.

(Place of Death.) No. Lion Brewery Caledonia Rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph H Pfeiffer

{ Residence, if in Baltimore, Give Street and Number. } Lion Brewery Caledonia Rd

Duration of Residence in Baltimore.. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH ... 1

AGE 38 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balt md

FULL NAME OF FATHER Gus Pfeiffer

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Mary Seitz

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Pfeiffer

(Address) Caledonia Road

Filed 3/1 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27 1907

I HEREBY CERTIFY, That I attended deceased from ... to ...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

... (DURATION) ... DAYS

Contributory (Primary.) Rheumatism (DURATION) 6 mos DAYS

(Signed) C. Grant Johnson M.D.

Address ...

Date ... 190...

Place of Burial Loudon Park

Date March 2" 1907

Undertaker C. J. Fink

Address 213 N Pratt St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 98683 — Registered No. B 98683

174

CERTIFICATE OF DEATH.

(Place of Death.) No. 412 N. Bond St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Julia J. Poston

{Residence, if in Baltimore, Give Street and Number.} 412 N. Bond St

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 31st 1869

AGE 37 years, 3 months, 27 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER John F. Poston

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances K. Poston

(Address) 412 N. Bond St

Filed 3/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1030 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gas asphyxia (accidental)

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Fred'k L. Carter M.D.

Address Coroners Office

Date Feb 27 — 07 1907

Place of Burial Round Hill Louden Co. Va.

Date 3/1/07 190

Undertaker J. Herwig & Son

Address 900 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single), **cause and date of death.**

Ward 14 — Registered No. B 98684

98684

CERTIFICATE OF DEATH.

(Place of Death.) No. 709 N Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie Naoyalis

{Residence, if in Baltimore, Give Street and Number.} 709 N Lombard St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 5 " 1888

AGE: 19 years, ... months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Maried

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Stanslaus Naoyalis

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Maggie Jaunyalitis

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pius Jaunyalitis

(Address) 709 N. Lambert St

Filed 3/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Feb. 28 1907 that I last saw h[er] alive on Feb 27 1907, and that death occurred, on the date stated above, at 7.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe

(DURATION) 26 DAYS

Contributory (Primary) Pneumonia

(DURATION) 3 d DAYS

(Signed) August Horn M.D.

Address 30 Pacific 25th St.

Date Feb 28 th 1907

Place of Burial St Alphonsus

Date March 3 " 1907

Undertaker N. S Fink

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

98685 Registered No. B 98685

CERTIFICATE OF DEATH.

(Place of Death.) No. North E Ellett Corner Ursx & Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)
or 1143 Leadenhall st.

Full Name Henry C. Stieffel

{ Residence, if in Baltimore, Give Street and Number. } 1143 Leadenhall st.

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 15 1882

AGE: 24 years, 8 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Charles Stieffel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Meisel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Stiefel

(Address)

Filed 3/1 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1906 to Feb. 27 1907

that I last saw him alive on Feb. 27 1907,

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Chr. Interstitial Nephritis

(DURATION) DAYS

Contributory (Primary.) Uremia

& (DURATION) 3 DAYS

(Signed) J. M. Delevett M.D.

Address 623 Columbia Ave

Date Feb. 28 1907

Place of Burial Longview Park

Date March 1. 1907

Undertaker Daniels and W. G. Flynn

Address 42. E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 98686 Registered No. B 98686

CERTIFICATE OF DEATH.

(Place of Death.) No. 1851 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis N. Long

{Residence, if in Baltimore, Give Street and Number.} 1851 S Charles St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Oct 29 " 1885

AGE: 21 years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Francis N. Long

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie M. Upton

BIRTHPLACE OF MOTHER (State or country): Kansas

OCCUPATION OF DECEASED: Clk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis N. Long

(Address) 1851 S. Charles St.

Filed 3/1 1907 HARRY O. ANDREWS, PERRIT B. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 27 " 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Feb 26 1907

that I last saw h~~im~~ alive on Feb 26 1907,

and that death occurred, on the date stated above, at 9-15 A M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) Indefinite DAYS

(Signed) R E L Campbell M.D.

Address 1644 Hanover St.

Date Feb 28 " 1907

Place of Burial Cathedral Cem.

Date March 2 1907

Undertaker Daniel and W. G. Flynn

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 98687 Registered No. B 98687

CERTIFICATE OF DEATH.

154

Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Blinsinger

{ Residence, if in Baltimore, Give Street and Number. } 825 Hamilton Terrace

Duration of Residence in Baltimore. Life (Blinsinger)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED ~~PERSONAL~~ PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Thomas Castle

(Address) 825 Hamilton Terrace

Filed 3/1 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28th 1907.

I HEREBY CERTIFY, That I attended deceased from 2-25-1907 to 2-28-1907 that I last saw him alive on 2-25-1907, and that death occurred, on the date stated above, at 1 0 m. CAUSE OF DEATH (Secondary or Immediate)

..... (DURATION) ——— DAYS

Contributory (Primary.) Senile Debility

..... (DURATION) ——— DAYS

(Signed) H. B. Biesinger M.D.

Address Franklin Square Hospital

Date February 28 1907

Place of Burial Greenmount Cem

Date March 2 1907

Undertaker Jos. B. Cook

Address 1002 W. Baltimore St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 98683 Registered No. B 98683

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Daniel Steene

{Residence, if in Baltimore, Give Street and Number.} 1221 East Lexington Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 72 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Snyers

(Address) Gettysburg Pa

Filed 3/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 27 1907

I HEREBY CERTIFY, That I attended deceased from Feb 21 1907 to Feb 27 1907 that I last saw him alive on Feb 27 1907, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date 3/27 1907

Place of Burial Cambridge Md

Date Mar 1st 1907

Undertaker Wm J E Jackson

Address 142 Mulliken St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98689 Registered No. B 98689

CERTIFICATE OF DEATH.

(Place of Death.) No. 819 McElonough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Johnson

{ Residence, if in Baltimore, Give Street and Number. } 819 McElonough St.

Duration of Residence in Baltimore... 32 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: April 1874

AGE: 32 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co Md.

FULL NAME OF FATHER: Henry W. Johnson

BIRTHPLACE OF FATHER (State or country): Chas Co. Md.

MAIDEN NAME OF MOTHER: Ella Keys

BIRTHPLACE OF MOTHER (State or country): Chas. Co. Md.

OCCUPATION OF DECEASED: Waiter in Hotel

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Naughton Bradley

(Address) Gunford Ave

Filed 3/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febuary 26 1907

I HEREBY CERTIFY, That I attended deceased from Febry 16 1907 to Feb 26 1907

that I last saw h alive on Feb 25 1907,

and that death occurred, on the date stated above, at 1.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhages (Hemorrhage) from Lung. Heart failure

Lues S. Catarrhal Pneumonia. Tommy knocker

Contributory (Primary) which was Probably Tuberculous (DURATION) 10 DAYS

nerves in the walls of the Bronchi (DURATION) DAYS

(Signed) Naughton Bradley M.D.

Address Cor. Guilford Ave & 25th

Date Feb 26 1907

Place of Burial Governs Run Md Calvert-Co md

Date March 2 - 1907

Undertaker Robert A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 98600 — Registered No. B 98600

CERTIFICATE OF DEATH.

(Place of Death.) No. 730 N Spring St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane Smith

{Residence, if in Baltimore, Give Street and Number.} 730 N Spring St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: 1

AGE: 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Benjamin Smith

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet Davis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Farm Hands

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Davis

(Address) 730 N Spring St

Filed 3/1 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 25 1907 to Feb 26 1907 that I last saw h[illegible] alive on Feb 26 1907, and that death occurred, on the date stated above, at 9:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Contributed
Lagrippe

(DURATION) 3 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 3 DAYS

(Signed) Dr. W. Kennard M.D.

Address 708 Ensor St

Date Feb 27 1907

Place of Burial Asbury Cemetery

Date March 2 1907

Undertaker R. N. Gilbert

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

98691 Registered No. B 98691

CERTIFICATE OF DEATH.

(Place of Death.) No. 307 Forest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emmaline Smith

{Residence, if in Baltimore, Give Street and Number.} 307 Forest St

Duration of Residence in Baltimore, 60 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH 1

AGE 85 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER George A Johnson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rachel Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Nurse Maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Clemmetta Gillage

(Address 907 Forest St

Filed 3/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 27 1907

I HEREBY CERTIFY, That I attended deceased from Feb 25 1907 to Feb 27 1907 that I last saw h-r alive on Feb 26 1907 and that death occurred, on the date stated above, at 5 P M. CAUSE OF DEATH (Secondary or Immediate)

Senile decay of pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S Hunt M.D.

Address 502 Eleventh

Date Feb 28 1907

Place of Burial Laurel Cemetery

Date March 2 1907

Undertaker Peck & Hurst

Address 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 98692 — Registered No. B 98692

CERTIFICATE OF DEATH.

43

Place of Death. No. 1111 Fulton Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmer Johnson

{Residence, if in Baltimore, Give Street and Number.} 1111 Fulton Alley

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Rob Johnson

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Polly Wade

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adelaide Robinson

(Address) 1111 Fulton Alley

Filed 2/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 15 1907 to Feb 27 1907 that I last saw h... alive on Feb 27 1907 and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Robt. G. Schmeltz M.D.

Address 424 East 25 St

Date Feb. 28 1907

Place of Burial Laurel

Date 3/2 1907

Undertaker Aled Amoles

Address Laurel

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

98693 Registered No. B 98693

CERTIFICATE OF DEATH.

(Place of Death.) No. 1633 E Pratt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Grunewald

{Residence, if in Baltimore, Give Street and Number.} 34 yrs.

Duration of Residence in Baltimore. 1633 E Pratt St.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Apr 2 1840

AGE 66 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelmina Grunewald

(Address) 1633 E. Pratt St.

Filed 3/1 1907 HARRY C. ARRIGHI, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 26 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 5 1907 to Feb. 26 1907 that I last saw him alive on 11 26 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia

3 wks (DURATION) DAYS

Contributory (Primary) Cardiac Failure

(DURATION) DAYS

(Signed) Frank A Bossler M.D.

Address 1713 Bank St.

Date Feb. 28 1907

Place of Burial St. Pauls Cem

Date March 1 1907

Undertaker HENRY SAUER & SONS, S. E. Cor. Broadway & Balto. Sts. and 1703-1705 Orleans Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 9869 Registered No. B 9869

CERTIFICATE OF DEATH.

64 ✓

(Place of Death.) No. 206 S. Collington Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Horr

{Residence, if in Baltimore, Give Street and Number.} 206 S Collington av

Duration of Residence in Baltimore. 55 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 25th 1830

AGE: 76 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: William Horr

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Trautfelder

(Address) 206 S. Collington Ave

Filed 3/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 27 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26 1907 to Feb 27 1907 that I last saw h alive on Feb 26 1907, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) One DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H Skinner M.D.

Address 112 Highland av

Date Feb 28 1907

Place of Burial Mt. Lamar Cem.

Date March 1 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 X 98695 Registered No. B 98695

CERTIFICATE OF DEATH.

426

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane P. Myers

{ Residence, if in Baltimore, Give Street and Number. } Gettysburg Pa

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 1841

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Zachria Zecher

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband George W Myers

(Address) Gettysburg Pa

Filed 3/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28" 1907

I HEREBY CERTIFY, That I attended deceased from Jan 31 1907 to Feb 28 1907 that I last saw her alive on Feb 28 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Cervix

Double Renal Infection

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

..... (DURATION) ..... DAYS

(Signed) E. A. Richardson M.D.

Address Johns Hopkins Hospital

Date 2/28 1907

Place of Burial Gettysburg Pa

Date March 2nd 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 330 Courtland St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Mary Bellew

{Residence, if in Baltimore, Give Street and Number.} 330 Courtland St

Duration of Residence in Baltimore. 30 years

B. 8640

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ | COLOR White

DATE OF BIRTH 1857

AGE 50 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Denis O'Leary

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary O'Leary

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Kearns

(Address) 428 N Eutaw St

Filed 3/1 1907

HARRY C. ANDREAS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 28th 1907

I HEREBY CERTIFY, That I attended deceased from about 15th Feb 1907 to 28th Feb 1907

that I last saw her alive on 28th Feb 1907,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Syncope

(DURATION) DAYS

Contributory (Primary) Heart disease (Val)

(DURATION) DAYS

(Signed) Chas O'Donovan M.D.

Address 209 N Wales St

Date March 2 1907

Place of Burial Cathedral Cemetery

Date March 2 1907

Undertaker Edward A Byrne

Address 302 S Gay St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — Registered No. B 98697

CERTIFICATE OF DEATH.

(Place of Death.) No. 789 Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lee Brown

{Residence, if in Baltimore, Give Street and Number.} 789 Mulberry St

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Brown

DATE OF BIRTH: Sept. 1907

AGE: 5 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: ~

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: Melva R. Brown

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Raymond Thurston

(Address) 789 Mulberry St.

Filed 5/1 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2-26 1907

I HEREBY CERTIFY, That I attended deceased from 2-17 1907 to 2-17 1907 that I last saw h alive on 2-17 1907 and that death occurred, on the date stated above, at 9:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

From this chiefly Pulmonary Tuberculosis some weeks (DURATION)

Contributory (Primary.) (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave

Date 2-27 1907

Place of Burial COLLEGE OF P. & S.

Date Feb 28 1907

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

8/

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HEALTH DEPARTMENT, CITY OF BALTIMORE. 93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98698

City of Baltimore, (No. 826 Mechanics St. St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Matilda Norris

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: 1 (Month) (Day) Year)

AGE: 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: — — —

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam'l B. Norris

(Address) 526 Mechanics St.

Filed 2/1/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 22 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Benj. L. Slaughter M. D.

Feb. 28 1907 (Address) 1216 N. Carolina St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S.

DATE OF BURIAL: Feb 28 1907

UNDERTAKER: Commissioner Health,

ADDRESS: Health Dep't

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

80

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

98699

Ward .....

Registered No. B 98699

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Young.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 57 years, ... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lamar Hollyday, Supt.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed 3/1 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 28 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Feb 28 1907 that I last saw h.. alive on Feb 28 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis

Mitral Regurgitation

Chronic Nephritis

Nephritis (DURATION) DAYS

Con ributory (Primary) Cirrhosis

Alcoholism (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Feb. 28 1907

Place of Burial: JOHNS HOPKINS HOSPITAL

Date Feb 28 07

Undertaker William H Woodes

Address 1811 Aisquith St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 9870 Registered No. B 9870

1524

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of John + Mary Reid.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Feb. 16. 1907

AGE ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Reid.

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Mary ~~E~~ Paxton.

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/1 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 25. 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 16. 1907 to Feb. 25. 1907

that I last saw him alive on Feb. 25. 1907,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis from

cord infection.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. C. Baldwin M.D.

Address Johns Hopkins Hospital.

Date Feb. 25. 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 1 - 1907 190....

Undertaker Commissioner Health.

Address Health W Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

84

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

98701 Registered No. B 98701

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant Full Name Infant Mary Willis

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Feb. 25. 1907

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Willis

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Butler

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/1 1907 HARRY G. ANDREWS PUBLIC HEALTH

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26 1907

I HEREBY CERTIFY, That I attended deceased from Feb 25 1907 to Feb. 26. 1907 that I last saw h[illegible] alive on Feb. 26. 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

Congenital syphilis.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. C. Fitzbrough. M.D.

Address Johns Hopkins Hospital

Date Feb. 26. 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 1 - 1907 190 ....

Undertaker Commissioner Health.

Address Health Dept.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98702 Registered No. B 98702

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Alice Johnson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH	Feb. 27. 1907
AGE	0 hrs. (years, months, days)
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	?
BIRTHPLACE OF FATHER (State or country)	?
MAIDEN NAME OF MOTHER	Alice Johnson.
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/1 190 7 HARRY G. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27 1907

I HEREBY CERTIFY, That I attended deceased from Feb 27 1907 to Feb 27 1907 that I last saw h alive on Feb 27 1907, and that death occurred, on the date stated above, at P M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia Neonatorum.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) F. C. Goldsmith M.D.

Address Johns Hopkins Hospital

Date Feb. 28. 1907

Place of Burial JOHNS HOPKINS HOSPITAL MAR 1 - 1907

Date ..... 190 .....

Undertaker Commissioner Health,

Address Health Dep't

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

68

Ward 7

Registered No. B 98703

98703

166 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carlo Balledoni

{Residence, if in Baltimore, Give Street and Number.} 308 S Exeter St

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know

AGE: 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Italy.

FULL NAME OF FATHER: Dominico Balledoni

BIRTHPLACE OF FATHER (State or country): Italy.

MAIDEN NAME OF MOTHER: Don't know.

BIRTHPLACE OF MOTHER (State or country): Italy.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Barano

(Address) 800 Eastern Ave

Filed 3/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 27 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mangled by Engine #85 of B & O R.R. Co

Death due to negligence on the part of the R.R. Co. (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto M Feinstadt M.D.

Address Coroner

Date March 1. 1907

Place of Burial St. Vincents

Date Mar. 2nd 1907

Undertaker Mudell Lippel & Son

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 98704 Registered No. B 98704

CERTIFICATE OF DEATH.

91 V

(Place of Death.) No. 316 S. Exeter St. St.

If Death occurred in Hospital or Institution give its Name instead of Street and Number

Full Name Catherine T. O'Donnell

{Residence, if in Baltimore, Give Street and Number.} 316 S. Exeter St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jany 2" 1837

AGE: 70 years, 1 months, 27 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James O'Donnell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret O'Reilly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Family

Address: 316 S. Exeter St.

Filed 3/1 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. 27" 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to Feb 27 1907

that I last saw h.. alive on Feb 27 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Cystic Bronchitis

(DURATION) 8 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. [illegible] M.D.

Address [illegible]

Date ... 1907

Place of Burial Cathedral Cemetery

Date March 2nd. 1907

Undertaker Evans & Spence.

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

98705

Registered No. B 98705

CERTIFICATE OF DEATH.

154

(Place of Death.) No. Loyola College St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph M. Ardia S.J.

{Residence, if in Baltimore, Give Street and Number.} Loyola College

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	October 2, 1816
AGE	90 years, 4 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Italy
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Clergyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev Joseph J. M. Loughlin S.J.

(Address) Loyola College

Filed 3/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febr. 25th, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Feb. 28 1907 that I last saw h.m alive on Feb. 28 1907, and that death occurred, on the date stated above, at 11.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion - principally due to inability to take or assimilate food

(DURATION) 7 DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) Frank E. Brown M.D.

Address 917 St. Paul St

Date March 1st, 1907

Place of Burial Woodstock Md

Date March 2nd 1907

Undertaker H.W. Jenkins Sons Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 98706 Registered No. B 98706 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 824 Somerset str. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Smith

{Residence, if in Baltimore, Give Street and Number.} 824 Somerset str.

Duration of Residence in Baltimore. Since Birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 27th 1905

AGE 2 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Peter Smith

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Catherine Hoffman

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Chair

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Smith

Address 824 Somerset Str

Filed 3/1 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 28th 1907.

I HEREBY CERTIFY, That I attended deceased from February 26th 1907 to February 28th 1907

that I last saw him alive on February 28th 1907.

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions X

Apnoea

Acute Lobular Pneumonia (DURATION) 8 DAYS

Contributory (Primary.)

(Signed) Hans H. A. Meyer M.D.

Address 1031 N. Caroline St

Date February 28th 1907

Place of Burial Holy Redeemer

Date March 2d 1907

Undertaker A. Funk & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98707 Registered No. B 98707

166

CERTIFICATE OF DEATH.

(Place of Death.) No Tracks of Ba & R R Co Ohio Ave between Lon & West St. S (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ..... John Sinka

{Residence, if in Baltimore, Give Street and Number.} ..... 409 Stockholm St

Duration of Residence in Baltimore. ..... 9 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't know

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Hungary.

FULL NAME OF FATHER Frank Sinka

BIRTHPLACE OF FATHER (State or country) Hungary

MAIDEN NAME OF MOTHER Julia Roman

BIRTHPLACE OF MOTHER (State or country) Hungary

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Sinka (mother)

(Address) 409 Stockholm St

Filed 3/1 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 27 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cut in half by Engine 851 of B & O R R Co.

Death due to negligence on the part of the R R Co. (DURATION) DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Otto Kustermann M.D.

Address Coroner

Date March 1 1907

Place of Burial Loudon Park

Date March 2. 1907

Undertaker Wm Luckhardt

Address Carroll Place 2A

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward X 3570B

Registered No. B 08703

CERTIFICATE OF DEATH.

157 ✓

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nicholas Anderson

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Mulatto

DATE OF BIRTH: Dec 23 1906

AGE: — years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant A. M. Glennan

(Address) 2005 Madison Ave

Filed 3/1 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1907

I HEREBY CERTIFY, That I attended deceased from Dec 4 1906 to Mar 1 1907 that I last saw him alive on Feb 28 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 66 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlennan M.D.

Address 2005 Madison Ave

Date March 1 1907

Place of Burial Cathedral Entry

Date March 2 9 am 1907

Undertaker J. B. Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1197

CERTIFICATE OF DEATH.

Registered No. B 38703

City of Baltimore, (No. 2019, E Oliver St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosie M. Rayman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 3 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Lewis Rayman

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Honora Higgins

BIRTHPLACE OF MOTHER (State or country): Philadelphia

OCCUPATION OF DECEASED: S

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Rayman

(Address) 2019 E Oliver St

Filed 3/1 1907

HARRY C. ANDREWS.
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 1st., 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1907 to Feb 27, 1907 that I last saw h[illegible] or alive on Feb. 27, 1907, and that death occurred, on the date stated above, at 12 A. M. The CAUSE OF DEATH was as follows:

Nephritis.
I saw this child only once - on the day of death.
According to family (DURATION) 35 DAYS

Contributory Asthenia (DURATION) — DAYS

(Signed) E. L. Cruttenfield, M. D.

Mch 1, 1907 (Address) 1211 E. Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: St Alphonsus — DATE OF BURIAL: Mar. 2 1907

UNDERTAKER: Frank Grach — ADDRESS: 1917 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 — 08710 — Registered No. B

CERTIFICATE OF DEATH.

1120 ✓

(Place of Death.) No. 405 S. Collington Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Lorenz

{Residence, if in Baltimore, Give Street and Number.} 405 S. Collington Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 20 1859

AGE: 47 years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frederick Reckmer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Florence Knopff

BIRTHPLACE OF MOTHER (State or country): Holland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aloysius Lorenz

(Address) 405 S. Collington Ave

Filed 3/1 1907 HARRY C. ANDREWS, PERRIT CLERK, Registrar ✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 27 1907

I HEREBY CERTIFY, That I attended deceased from Nov 15 1906 to February 27 1907

that I last saw h er alive on Feb 27 1907

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis causing anasarca

(DURATION) 104 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) C. C. Rusk M.D.

Address 700 E. Baltimore st.

Date February 28 1907

Place of Burial Holy Redeemer Cemetery

Date March 2nd 1907

Undertaker Germanus Thanner

Address Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 — 98711 — Registered No. B 98711

CERTIFICATE OF DEATH.

47

Place of Death.) No. Md Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter C. Owens

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 6 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 31 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Montgomery Co. Md.

FULL NAME OF FATHER Thomas Owens.

BIRTHPLACE OF FATHER (State or country) Brookville, Md.

MAIDEN NAME OF MOTHER Louisa Riggs.

BIRTHPLACE OF MOTHER (State or country) Brookville, Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Snyder

(Address) Md Penitentiary

Filed 3/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1900 to Feb 26 1907

that I last saw him alive on Feb 25 1907 8:30

and that death occurred, on the date stated above, at A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pleurisy

6 yrs.

(DURATION) DAYS

Contributory (Primary.) Org Rheumatism

(DURATION) DAYS

(Signed) Thurston Lomax M.D.

Address 1808 N. Charles St

Date Feb 26 1907

Place of Burial JOHNS HOPKINS HOSPITAL MAR 1 - 1907

Date 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES,

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

83

Ward 1 — 9871[illegible] — Registered No. B 9871[illegible] V

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name C. V. Goodman

{Residence, if in Baltimore, Give Street and Number.} 2306 Etting St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Georgia.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/1 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 26 — 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 23 1907 to Feb. 26 1907 that I last saw h-im alive on Feb. 26 1907, and that death occurred, on the date stated above, at 2 00 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia,

(DURATION) 10 DAYS

(Signed) M. W Shore M.D.

Address Md Homeo Hospital

Date Feb. 28 — 1907

Place of Burial COLLEGE OF P. & S

Date MAR 1 - 1907 190

Undertaker Commissioner Health

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8 9

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Hospital for Cripples & Deformed Children, Registered No. B 98713

City of Baltimore, (No. 1202, York Road St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John E. Facey Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August (Month) 17 (Day) 1904 (Year)

AGE: 2 years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: John P. Facey

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary E. Cochran

BIRTHPLACE OF MOTHER (State or country): Baltimore County

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Facey

(Address) 1202 York Road

Filed 3/1 1907 HARRY D. ANDREWS, REGISTRAR Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1906 to Feb 27 1907

that I last saw him alive on Feb 27 1907,

and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Tubercular Hip Disease

(DURATION) 180 DAYS

Contributory Acute Nephritis & Uremia (DURATION) 14 DAYS

(Signed) Howard Elmer Ashbury M. D.

Feb 27 1907 (Address) Clark & Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Mary's Govanstown — DATE OF BURIAL: March 2 1907

UNDERTAKER: C. F. Weidefeld & Sons — ADDRESS: 311 Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 95314 — Registered No. B 95314

CERTIFICATE OF DEATH.

(Place of Death.) No. 1535 Penna ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Matthews

{Residence, if in Baltimore, Give Street and Number.} 1535 Penna ave

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	Unknown 1836
AGE	71 years — months — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widow
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs McCormick

(Address) 1535 Penna Ave

Filed 3/11 190 7 — MARY C. [illegible] — FRANK BOYER. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st 1907

I HEREBY CERTIFY, That I attended deceased from several Month 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

General debility

several Month (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Warbe M.D.

Address 1002 W Lafayette ave

Date 190

Place of Burial Greenmount Cathedral

Date March 4th 1907

Undertaker M Feeley & Sons

Address 616 Gaitherpike Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 98715 Registered No. B 98715

CERTIFICATE OF DEATH.

(Place of Death.) No. 25 S. Carrollton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick O'Grady

{Residence, if in Baltimore, Give Street and Number.} 25 S. Carrollton

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 1

AGE 74 years, 5 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Philip O'Grady

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Cath. Higgins

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. O'Grady

(Address) 25 S Carrollton

Filed 3/1 1907 MARGT C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1907 to Feb. 27 1907 that I last saw h in alive on Feb. 26 1907, and that death occurred, on the date stated above, at 3 a m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

(DURATION) 10 DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) DAYS

(Signed) L. McLumpkin M.D.

Address 602 S Paca St

Date Feb 28 1907

Place of Burial St. Peters Cem

Date Mar. 2nd 1907

Undertaker Jno. A. Inman

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

Dr. Lumpkin

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 98716 Registered No. B 98716

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Inans Inc Greevy

{Residence, if in Baltimore, Give Street and Number.} 1407 N. Bond St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W. White

DATE OF BIRTH Jan 20 1865

AGE 42 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick McGann

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ann Slattery

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Inc. Gann

(Address) 1407 N. Bond St.

Filed 3/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27, 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 15 1907 to Feb 27 1907

that I last saw h e alive on Feb 25 1907,

and that death occurred, on the date stated above, at 5 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Lung seat of Tuberculosis (DURATION) ? DAYS

(Signed) E. E. Hayward M.D.

Address 1230 N Caroline St.

Date 3/1 1907.

Place of Burial Cathedral Cem.

Date Mar. 2nd 1907

Undertaker John A Inman

Address 10 Bank St Annex.

Ex. Hayward 1230 N Caroline St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 9871 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Md General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Evelyn Jellison

{Residence, if in Baltimore, Give Street and Number.} Md. General Hospital

Duration of Residence in Baltimore. 6 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Winchester Va

FULL NAME OF FATHER: Rich Taylor

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Malinda Turner

BIRTHPLACE OF MOTHER (State or country): Tenn

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Smith.

(Address) 710 N. Eutaw St.

Filed 3/2/1907 HARRY H. KILLIAN STATE REGISTRAR Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 1 1907.

I HEREBY CERTIFY, That I attended deceased from Feb 23 1907 to Mar 1 1907 that I last saw h[illegible] alive on Feb 26 1907, and that death occurred, on the date stated above, at 3 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Appendicitis & Cyrosalpinx

(DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) J. H. Sanderson M.D.

Address Md. General Hospital

Date Mar 1. 1907

Place of Burial Winchester Tennessee

Date March 3 00 1907

Undertaker E. M. Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98718

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98718

City of Baltimore, (No. 216 N. Bond St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles E. Newton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 28 (Month) (Day) 1825 (Year)

AGE: 81 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Mary Hughes

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Coffee Roaster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Edward Newton

(Address) 216 N. Bond St

Filed 3/2 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 1st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 2nd 1907 to Feb. 28th 1907 that I last saw him alive on Feb. 28th 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

General Uremia (DURATION) DAYS

Contributory (DURATION) 14 DAYS

(Signed) A. J. Carrick M. D.

Mar. 2nd 1907 (Address) 1417 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: March 3 1907

UNDERTAKER: John D. Bell

ADDRESS: 604 S. Charles

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 V 98719 Registered No. B 98719

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CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William H Schaumann

{Residence, if in Baltimore, Give Street and Number.} # 1 W Lee St.

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 15 1850

AGE: 56 years, 7 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm H Schaumann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Zikler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Schaumann

(Address) 417 W Franklin St

Filed 3/2 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27 1907

I HEREBY CERTIFY, That I attended deceased from Feb 27 1 P.M. 1907 to Feb 27 1.15 PM 1907

that I last saw h am alive on Feb 27 1907,

and that death occurred, on the date stated above, at 1.15 P.M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Jaundice and Sepsis (DURATION) DAYS

(Signed) E. W. White M.D.

Address University Hospital

Date Feb 27 1907

Place of Burial London Park.

Date March 2 1907

Undertaker John W Bell

Address No 6045 Charles

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 98720 Registered No. B 98720

CERTIFICATE OF DEATH.

167

(Place of Death.) No. 315 N. Green St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith Grobaker

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white.

DATE OF BIRTH: Sept 12 1902

AGE: 4 years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Arthur Grobaker

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Edith V Brown

BIRTHPLACE OF MOTHER (State or country): Ellicott City.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Grobaker

(Address) 315 N. Green St

Filed 3/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st 1907

I HEREBY CERTIFY, That I attended deceased from Feb 28th 1907 to March 1st 1907

that I last saw h alive on March 1st 1907,

and that death occurred, on the date stated above, at 2.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Burns, dress catching fire from stove while at play.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Elbert coroner M.D.

Address 711 N. Lanvale

Date March 1st 1907

Place of Burial Loudon Park

Date March 3 1907

Undertaker Wm Cook

Address 502 E. Fayette St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

17 15/V

CERTIFICATE OF DEATH.

Registered No. B 98721

City of Baltimore, (No. 408 Lorraine av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mollie Dallas.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 28th 0' 1907 (Month) (Day) (Year)

AGE: 7 years, X months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Frank Dallas

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Addie Chew

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ~~~

(Address) ~~~

Filed 3/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 1 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 28th 1907 to March 1st 1907 that I last saw h er alive on March 1st 1907, and that death occurred, on the date stated above, at 2.45 P. M. The CAUSE OF DEATH was as follows:

Premature Birth
(six months)

(DURATION) DAYS

Contributory ~~~

(DURATION) DAYS

(Signed) S. Winters M. D.

1907 (Address) 2802 Madison av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ~~~ How long at Place of Death? / Days

Where was disease contracted, if not at place of death? ~~~

PLACE OF BURIAL OR REMOVAL: Baltimore Cem

DATE OF BURIAL: March 2 1907

UNDERTAKER: Wm Cook

ADDRESS: 620 E North av

WM. J. C. DULANY CO., BALTIMORE.

V

...ons of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...rther enacted and ordained, That whenever any person shall die in the said city it shall be the duty of ...g his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ...condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 98722 Registered No. B 98722

CERTIFICATE OF DEATH.

(Place of Death.) No. 1829 Aisquith St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Miss Jennie Jones.

{Residence, if in Baltimore, Give Street and Number.} 1829 Aisquith St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: —— 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Samuel Straughn

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Chas B Jones

(Address) 1829 Aisquith St

Filed 3/2 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 26th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 9th 1907 to Feb. 26th 1907

that I last saw h alive on " 1907

and that death occurred, on the date stated above, at 11½ P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary

Tuberculosis

(DURATION) 180 DAYS

Contributory (Primary.) ——

(DURATION) DAYS

(Signed) J. S. Fowler M.D.

Address 9 E. Buffalo St.

Date March 1st 1907

Place of Burial Loudon Park ✓

Date March 4 1907

Undertaker Von Cook

Address 502 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, cause and date of death**, deceased, and the **condition** (whether married or single) of the person

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 98723

City of Baltimore, (No. 1818 N. Bethel St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles E. Arnett Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: April 4th 1887 (Month) (Day) (Year)

AGE: 19 years, 10 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Chas E. Arnett

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Emma Budd

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: worked in Grocery store

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E. Arnett Jr.

(Address) 1818 N Bethel St

Filed 3/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 28th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 22nd 1907 to Feb 28th 1907 that I last saw him alive on Feb 28, 1907 and that death occurred, on the date stated above, at 8.45 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

about (DURATION) 10 DAYS

Contributory Anaemia

Secondary (DURATION) DAYS

(Signed) R. L. Hardy M. D.

March 1 1907 (Address) 1902 Bank St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cem

DATE OF BURIAL: March 3 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E Fayette

✓

Ward ..... 98724 Registered No. B 98724

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Thos H. Sommer

{Residence, if in Baltimore, Give Street and Number.} Monument 2nd Madeira

Duration of Residence in Baltimore. 50 yo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Colonel John Sommer

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Brick Layer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Sommer

(Address) 956 N. Central Ave

Filed 3/2 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1907

I HEREBY CERTIFY, That I attended deceased from Jan 28 1907 to March 1 1907

that I last saw him alive on Feb 28 1907

and that death occurred, on the date stated above, at 7 30 A. M. CAUSE OF DEATH (Secondary or Immediate

Chronic nephritis -

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Sommer M.D.

Address St Joseph Hospital

Date March 1 1907

Place of Burial Baltimore Cemetery

Date March 3rd 1907

Undertaker Henry Hoeckelheyer

Address 1321 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19[illegible]

CERTIFICATE OF DEATH.

Registered No. B 98725

City of Baltimore, (No. # 103 N. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alberta Patterson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City Md

FULL NAME OF FATHER: William Patterson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Cox

(Address) 103 N. Careyst

Filed 3/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 1st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 22 1906 to March 1 1907

that I last saw h[illegible] alive on Feb 28 1907,

and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Enlarged heart & dropsy,

about 3 months (DURATION) ..... DAYS

Contributory ~~about~~ Paralysis of heart, (DURATION) ..... DAYS

(Signed) Robert K Kuser M. D.

March 2 1907 (Address) 1001 Aliceanna

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Mar 4 1907

UNDERTAKER: Geo J Smith & Co | ADDRESS: 1050 W. Fayette ✓

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 98726

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1544

CERTIFICATE OF DEATH.

Registered No. B 98726

City of Baltimore, (No. 110 W. Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Hedrick

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 93 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Shepherdstown, Md.

FULL NAME OF FATHER: Hedrick

BIRTHPLACE OF FATHER (State or country): Shepherdstown, Md.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary E. (Friend)

(Address) 110 Mulberry St.

Filed 3/2 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 27 1907 to Feb. 28 1907

that I last saw h[illegible] alive on Feb. 28 1907,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Old age. Exhaustion

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) M. A. Wales M. D.

March 1 1907 (Address) 611 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet Cem. DATE OF BURIAL: Mar 2 1907

UNDERTAKER: Geo J Smith & Co ADDRESS: 1000 W. Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 9872 — Registered No. B 9872

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Bendix

{Residence, if in Baltimore, Give Street and Number.} 1441 Andre Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: /

BIRTHPLACE OF FATHER (State or country): //

MAIDEN NAME OF MOTHER: //

BIRTHPLACE OF MOTHER (State or country): //

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Stunjeleski

(Address) 1318 Light St

Filed 3/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1907

I HEREBY CERTIFY, That I attended deceased from Feb 27 1907 to March 1 1907 that I last saw h[illegible] alive on March 1 1907, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

..... (DURATION) DAYS

Contributory (Primary.)

..... (DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date March 1 1907

Place of Burial Cedar Hill

Date March 4 1907

Undertaker Jos. Stanchevski

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

98723

Registered No. B 98723

CERTIFICATE OF DEATH.

(Place of Death.) No. University of Maryland Hospital St.

(If Death occurred in Hospital or institution give its Name instead of Street and Number.)

Full Name Wilhelm Reitze

{Residence, if in Baltimore, Give Street and Number.} 1841 N. Bond St

Duration of Residence in Baltimore. Dont know

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 58 (approximately) years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Stumpeheck

(Address) 1318 Light St

Filed 3/2 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20th 1907 to Feb. 28 1907 that I last saw h[illegible] alive on Feb 28th 1907 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 1 DAYS

Contributory (Primary) Epithelioma of Larynx (DURATION) DAYS

(Signed) H. H. Robert M.D.

Address University Hospital

Date March 1st 1907

Place of Burial Western Cem

Date March 3d 1907

Undertaker Jos. Sinclair

Address 1318 Light St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98729

City of Baltimore, (No. 208 N. Patterson pk Ave.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dorothea Johanna Rasch

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH March (Month) 1st (Day) 1845 (Year)

AGE 62 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Geo Litschke

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Johanna Koch

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Rasch

(Address) 208 N. Patterson pk ave

Filed 3/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February (Month) 28th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from February 19th 1907 to February 28th 1907

that I last saw h alive on February 28th 1907,

and that death occurred, on the date stated above, at 9.15 P. M. The CAUSE OF DEATH was as follows:

Stricture glottis 2d, tumor malignum Gland. thyreoideae

(DURATION) 10 DAYS

Contributory cancer of stomach

(DURATION) ..... DAYS

(Signed) John Rasch M. D.

March 1 1907 (Address) 19 S. Patterson ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Mount Carmel Cem. | DATE OF BURIAL March 3 1907

UNDERTAKER Louis Heumann | ADDRESS 6 S Carollton

WM. J. C. DULANY CO., BALTIMORE

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 98730 Registered No. B 98730

CERTIFICATE OF DEATH.

(Place of Death.) No. 803 Hillen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis S Griffo

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Aug 1st 1904

AGE: 2 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Lewis Griffo

BIRTHPLACE OF FATHER (State or country): Washington D C

MAIDEN NAME OF MOTHER: Lidia Ann Sanders

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Griffo

(Address) 803 Hillen ST

Filed 3/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28" 1907

I HEREBY CERTIFY, That I attended deceased from Feb 21 1907 to Feb 28 1907 that I last saw h alive on Feb 28 1907, and that death occurred, on the date stated above, at 7.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) One known DAYS

Contributory (Primary.) Exhaustion

Inanition (DURATION) DAYS

(Signed) Howard C. Silver M.D.

Address 1914 Baltimore

Date March 12 1907

Place of Burial Holy Redeemer

Date March 2 1907

Undertaker Wm F Schaeffer

Address 9 S Front ST

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... 98731 Registered No. B 98731

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 156 Dolphin St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Holland

{Residence, if in Baltimore, Give Street and Number.} 156 Dolphin st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel Stallard

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lydia Stallard

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lydia Stallard

(Address) 156 Dalphin st

Filed 3/2 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 18 1907 to Feb 28 1907 that I last saw h[illegible] alive on Feb 27 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Cardiac Weakness

(DURATION) 3 DAYS

(Signed) D Paul Scott M.D.

Address 354 N. Eutaw st

Date Mar 1st, 1907

Place of Burial Mt Auburn Cemetery

Date March 2 1907

Undertaker R. S. Elliott

Address 200 Pratt Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 1 98732 98732 Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 219 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Meck

{Residence, if in Baltimore, Give Street and Number.} 219 N. Chapel st

Duration of Residence in Baltimore. 50 Jare

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 15 1842

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Frank Andres

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John Schmidt

(Address) 219 N. Chapel st

Filed 3/2 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb 14 1907 to Feb 28 1907 that I last saw h alive on Feb 28 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 14 DAYS

Con'tributory (Primary.) Ethanolism

(DURATION) 1 DAYS

(Signed) J. L. Blades M.D.

Address 3121 Jackson Place

Date 190

Place of Burial Woodlawn Redeemer

Date March 4 1907

Undertaker Jos. J. Myers

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98733

625

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98733

City of Baltimore, (No. 921, Hollins St.; 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Costello

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: ——— 1 (Month) (Day) Year)

AGE: 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Timothy Costello

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Bridget Costello.

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Costello

(Address) 921 Hollins

Filed 3/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 3 1906 to Feb 28 1907, that I last saw h— alive on Feb. 28 1907, and that death occurred, on the date stated above, at 7:30 P. M. The CAUSE OF DEATH was as follows:

Locomotor Ataxia

(DURATION) DAYS

Contributory Stomach Trouble (DURATION) DAYS

(Signed) [illegible] M. D.

Mar 1. 1907 (Address) 26 S Poppleton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: March 4 1907

UNDERTAKER: H. L. Branning — ADDRESS: 5. S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — Registered No. B 98734

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 1406 Cathedral St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Virginius Johnson

{Residence, if in Baltimore, Give Street and Number.} 1908 Linden Ave

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~Feby 6~~ Oct 6 1831

AGE: 70 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Chas Johnson

BIRTHPLACE OF FATHER (State or country): London Eng

MAIDEN NAME OF MOTHER: Elizabeth Reid

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Marine Surveyor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. L. Farquharson

(Address) 1908 Linden Ave

Filed 3/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1907

I HEREBY CERTIFY, That I attended deceased from ~~Feb 1907~~ Feb 28th 1907 to ~~Feb~~ March 1907

that I last saw h alive on ~~1907~~ 1907

and that death occurred, on the date stated above, at 4 P.M.

CAUSE OF DEATH (Secondary or Immediate) Heart Disease

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Caroline

Date March 2nd 1907

Place of Burial London Park

Date March 2nd 1907

Undertaker W. P. Jenkins & Sons Co

Address 233 N. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15

Registered No. B 98735

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1411 Presstman St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo T. Hill

{Residence, if in Baltimore, Give Street and Number.} 1411 Presstman St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	colored

DATE OF BIRTH October 1874

AGE 32 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Geo Hill

BIRTHPLACE OF FATHER (State or country) not known

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) not known

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Hill (wife)

(Address) 1411 Presstman St.

Filed 3/2 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27 1907

I HEREBY CERTIFY, That I attended deceased from Feb 25 1907 to Feb 27 1907

that I last saw him alive on Feb 27 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

30 (DURATION) DAYS

Contributory (Primary.) asthenia

(DURATION) 1 DAYS

(Signed) T. E. Daugherty M.D.

Address 2506 Pennsylvania av

Date Feb 28 1907

Place of Burial Mt Auburn

Date March 3 1907

Undertaker W. S. Johnson

Address 6141 6 Baker

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 98736 Registered No. B 98736

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1441 Parrish St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Mr~~ Sallie Hopkins

{Residence, if in Baltimore, Give Street and Number.} 1441 Parrish St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Hopkins

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jane Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie Hopkins

(Address) 1441 Parrish

Filed 3/2 1907 HARRY G. ENGLES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 28th 1907

I HEREBY CERTIFY, That I attended deceased from ....1900.... to ....1900....

that I last saw h.... alive on ....1900....

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-Enteritis

....(DURATION) .... DAYS

Con'ributory (Primary.)

....(DURATION) .... DAYS

(Signed) Wm Baldwin M.D.

Address 700 Druid Park Ave. 16 mos

Date ....1900....

Place of Burial Mt Auburn

Date March 3d 1907

Undertaker Wm J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 A 98737 Registered No. B 98737

394

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mr Samuel Hamburger

{Residence, if in Baltimore, Give Street and Number.} 1831 Linden Ave

Duration of Residence in Baltimore. 5 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Abraham Hamburger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Fannie Brunsach

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Nathan

Address 1831 Linden Ave

Filed 3/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2d 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 28th 1907 to March 2d 1907 that I last saw h im alive on March 2d 1907, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia -

Terminal Pneumonia

(DURATION) DAYS

Contributory (Primary)

Carcinoma of Tongue (DURATION) DAYS

(Signed) L. E. Riggs M.D.

Address 1514 Division St

Date March 2d 1907

Place of Burial Balto Hebrew Cem

Date Mch 4th 1907

Undertaker L Hart & Sondheim

Address 945 Madison

WM. J. C. DULANY CO., BALTIMORE.

1831 Linden

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 98738 Registered No. B 98738

CERTIFICATE OF DEATH.

Place of Death.) No. 1112 Stockton St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nellie ~~Taylor~~ Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1112 Stockton St.

Duration of Residence in Baltimore. 3yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: col

DATE OF BIRTH: July 1899

AGE: 7 years, 8 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Mary Land

FULL NAME OF FATHER: John a Johnson

BIRTHPLACE OF FATHER (State or country): Mary Land

MAIDEN NAME OF MOTHER: Emma Borgen

BIRTHPLACE OF MOTHER (State or country): Mary Land

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Bishop

(Address) 1107 Mc Henry Ave

Filed 3/2 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26 1907 to Feb 28 1907 that I last saw h er alive on Feb. 26 1907, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Had Called in Dr Davis on Condition Aor & Mosher St. once

Pulmonary Tuberculosis

(DURATION) 2 mos. DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Feb. 28 1907

Place of Burial Mt Auburn Cemetery

Date March 2 1907

Undertaker J. H. Bishop

Address 1107 McHenry Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9873

City of Baltimore, (No. 1904, Hollins St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Norine L. Eck

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Feb 17 (Month) (Day) 1889 (Year)

AGE: 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: August Eck.

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Catherine Judd

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Eck.

(Address) 1904 Hollins St

Filed 3/2 1907. PERMIT CLERK

PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27, 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1907 to Feb. 27, 1907

that I last saw her alive on Feb. 26, 1907,

and that death occurred, on the date stated above, at 3:30 p. m. The CAUSE OF DEATH was as follows:

Aortic stenosis

(DURATION) 14 DAYS

Contributory Endocarditis

(DURATION) 60 DAYS

(Signed) E. A. Dicken M. D.

Feb. 28, 1907 (Address) 213 E Frederick

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	March 3 1907
UNDERTAKER	ADDRESS
Mrs Geo. P. Poulus	2101 Frederick Ave.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B 98740

98740

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1805 Mc 11 Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Arthur Norman Hill

{Residence, if in Baltimore, Give Street and Number.} 1805 Mc 11 Henry St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 11th 1906

AGE 1 years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Arthur B Hill

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Emma Stonesifer

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur B Hill

(Address) 1805 Mc 11 Henry St

Filed

3/2 1907

HARRY C. ARNOLD Registrar

FAIR 1 CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25" 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to Feb 28 1907 that I last saw h alive on Feb 28 1907 and that death occurred, on the date stated above, at 12 P M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) 1 DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) 6 DAYS

(Signed) W Blane M.D.

Address 1108 S. Gilmor St

Date March 1st 1907

Place of Burial Loudon Park Sec 3

Date 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

§ 7 SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

98741

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

654

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98741

City of Baltimore. (No. 1008 W. Franklin St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Maxwell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Febuary 15 (Month) (Day) 1833 (Year)

AGE: 74 years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Canada

FULL NAME OF FATHER: Matthew Nolan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margret Stripp

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E. C. Maxwell

(Address) 1008 W. Franklin St.

Filed 3/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1903 to Mar 1 1907 that I last saw h alive on Feb 27 1907 and that death occurred, on the date stated above, at 1.20 P.M. The CAUSE OF DEATH was as follows:

Paralysis - following Cerebral softening about 4 Yrs (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Fred D. Blake M. D.

March 1 1907 (Address) 1211 W. Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Mount Olivet Cemetery

DATE OF BURIAL: March 4 1907

UNDERTAKER: George W. Little

ADDRESS: 531 N. Fremont Av

WM. J. C. DULANY CO., BALTIMORE

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

98742

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B 98742

City of Baltimore, (No. 1331 Mt Royal Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Witt

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH Jan (Month) 17 (Day) 1837 (Year)

AGE 70 years, 1 months, 12 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Dorsey

(Address) 1331 Mt. Royal Ave.

Filed 3/2 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 18 1907 to Mch 1 1907

that I last saw her alive on Mch 1 1907,

and that death occurred, on the date stated above, at ....M. The CAUSE OF DEATH was as follows:

Acute Pneumonia

about 10 ~~DURATION~~ DAYS

Contributory Asthenia

about 10 ~~DURATION~~ DAYS

(Signed) J. F. Bennett M. D.

Mch 2 1907 (Address) 1211 N. Ca...

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Balto. Cem. DATE OF BURIAL March 4 1907

UNDERTAKER P. H. & S. Lilly ADDRESS 53 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

89

CERTIFICATE OF DEATH.

Registered No. B 98743

City of Baltimore, (No. 104 ½ N Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carl Roland Mann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 14 (Day) 1903 (Year)

AGE: 3 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Essex Co. Va.

FULL NAME OF FATHER: L. Roland Mann

BIRTHPLACE OF FATHER (State or country): Seaford, Del.

MAIDEN NAME OF MOTHER: Lola Collison

BIRTHPLACE OF MOTHER (State or country): Talbot Co, Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. P. Mann M.D.

(Address) 103 ½ Fremont Ave

Filed 3/2 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from about Mar. 1 1907 to March 15 1907 that I last saw him alive on Feb. 15 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Tuberculous peritonitis which resulted to sinus formation but duration not more than two days ago. (DURATION) 4 mos. DAYS

Contributory Cachexia which existed about (DURATION) 2 DAYS

(Signed) B. P. Mann M. D.

March 1 1907 (Address) 1039 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: March 1907

UNDERTAKER: W. J. Thompson

ADDRESS: Cambridge Md

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 98744 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1127 N. Parrish St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Turner.

{Residence, if in Baltimore, Give Street and Number.} 1127 N Parrish St.

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: about March 1867

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: John Johnson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Tilby Turner

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tilby Smith

(Address) 1127 N Parrish St.

Filed 3/2 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to ——— 190...

that I last saw her alive on March 1 1907,

and that death occurred, on the date stated above, at 5.15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis

2 to 6 months (DURATION) ..... DAYS

(Signed) A. L. Sanders M.D.

Address 1113 N. Gilmor St

Date March 1st 1907

Place of Burial Woodlawn

Date March 5th 1907

Undertaker Hunt & Co.

Address 1011 W. Lexington

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 98745

City of Baltimore, (No. 215, Old Frederick Road, 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W Sasscer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. (Month) 4 (Day) 1848 (Year)

AGE: 58 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: J. W Sasscer

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Julia A Gibbons

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Nursery Man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth A Sasscer

(Address) 215 Old Road

Filed 3/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 1 1907 that I last saw h[illegible] alive on March 1 1907, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 4 Hours

Contributory Arterio - Sclerosis

(DURATION) DAYS

(Signed) Howard W Jones M. D.

March 1 1907 (Address) Irvington.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: Mar 4th 1907

UNDERTAKER: Crowley Bros.

ADDRESS: 257 Fulton Ave.

WM. J. C. DULANY CO., BALTIMORE.

Ward 11

Registered No. B 98745

CERTIFICATE OF DEATH.

(Place of Death.) No. 120 Lelovp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Werner

{Residence, if in Baltimore, Give Street and Number.} 120 Lelovp St

Duration of Residence in Baltimore 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 22 1837

AGE 69 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 120 Lelovp

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1907

I HEREBY CERTIFY, That I attended deceased from Feb 22 1907 to March 2 1907 that I last saw h-- alive on 3/2 1907, and that death occurred, on the date stated above, at 5.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Double Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. D. Turlington M.D.

Address Arv & Fort ave

Date 3/2 1907

Place of Burial Cedar Hill Cem

Date March 5th 1907

Undertaker C. Schlosman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B 98747

CERTIFICATE OF DEATH.

Registered No. B [redacted]

City of Baltimore, (No. 61, E Randall St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Charles H Jewell

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 28 (Month) (Day) 1848 (Year)

AGE: 59 years, months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virg.

FULL NAME OF FATHER: Wm Jewell

BIRTHPLACE OF FATHER (State or country): Virg.

MAIDEN NAME OF MOTHER: Susan Pierson

BIRTHPLACE OF MOTHER (State or country): Virg

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lythia Jewell

(Address) 61 E Randall

Filed 2/2 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 1 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 25 1907 to Mar 1 1907 that I last saw him alive on Mar 1 1907, and that death occurred, on the date stated above, at 7 P M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 3 DAYS

Contributory

(DURATION) DAYS

(Signed) J H Cushan M. D.

Mar 1 1907 (Address) 1303 Lydon

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: March 4 1907

UNDERTAKER: E Schlosnagle — ADDRESS: 529 Hanover

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 98748 — Registered No. B 98748

CERTIFICATE OF DEATH.

(Place of Death.) No. 521 N. Port St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Deenroad

{ Residence, if in Baltimore, Give Street and Number. } 521 N. Port st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: white

DATE OF BIRTH: July 3rd 1865

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John Williams

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): d

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Deenroad

(Address) 521 N. Port st

Filed 3/2 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 1st 1907

I HEREBY CERTIFY, That I attended deceased from August 1906 to Feb 28 1907

that I last saw her alive on Feb 14 1907,

and that death occurred, on the date stated above, at 2.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chr. Inter. Nephritis

7 Months (DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) DAYS

(Signed) H. J. Maldeis M.D.

Address 207 Jefferson st

Date Mar. 1 1907

Place of Burial Oak Lawn Cemetery

Date March 4th 1907

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE

V

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 98749 Registered No. B 98749

CERTIFICATE OF DEATH.

(Place of Death.) No. 1211 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas B Mikesell

{Residence, if in Baltimore, Give Street and Number.} 1211 Columbia Ave

Duration of Residence in Baltimore. 34 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: William Mikesell

BIRTHPLACE OF FATHER (State or country): Carroll Co

MAIDEN NAME OF MOTHER: Elizabeth Bixler

BIRTHPLACE OF MOTHER (State or country): Carroll Co

OCCUPATION OF DECEASED: Sexton

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H. Mikesell

(Address) 1211 Columbia Ave

Filed 3/2 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 1st 1907

I HEREBY CERTIFY, That I attended deceased from Nov 3 1906 to March 1st 1907 that I last saw h alive on Feb 25 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(DURATION) DAYS

(Signed) E Schluman M.D.

Address 517 Lodtz

Date March 7 1907

Place of Burial Loudon Park Cem

Date March 5th 1907

Undertaker E Schluman & Son

Address 1034 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 98750 Registered No. B 98750

CERTIFICATE OF DEATH.

(Place of Death.) No. 1216 N. Bond St. St.

(If Death occurred in Hospital or Institution, give its name instead of Street and Number.)

Full Name Clifford Norris

{ Residence, if in Baltimore, Give Street and Number. } 1216 N. Bond St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 6 1902

AGE: 5 years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Richard Norris

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: May Weikel

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May Norris

(Address) 1216 N. Bond St

Filed 3/2 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st, 1907.

I HEREBY CERTIFY, That I attended deceased from Feb 25, 1907 to Feb 27, 1907

that I last saw him alive on Feb 27, 1907

and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH (Secondary or Immediate)

Bronchitis & Laryngi-tis (non-specific).

According to family (DURATION) 21 DAYS

Con'tributory (Primary.) Asthenia

(DURATION) — DAYS

(Signed) E. L. Entelfield, M.D.

Address 1221 E. Preston St.

Date March 1st 1907.

Place of Burial Baltimore

Date March 3rd 1907

Undertaker Henry Lutz

Address 1007 N Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to certify, **within twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate containing, as far as can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause, date and place of death.**

Ward 14 — Registered No. B 9875

CERTIFICATE OF DEATH.

(Place of Death.) No. No. 1211 Riverside Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret A Martin

{Residence, if in Baltimore, Give Street and Number.} 1211 Riverside Ave

Duration of Residence in Baltimore. 75 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Nov. 24 1826

AGE 80 years, 3 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jacob Martin

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Brenneisen

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED, None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Clara Timmins

(Address) 1211 Riverside Ave

Filed 3/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1907

I HEREBY CERTIFY, That I attended deceased from Jan 3 1907 to Mar 1 1907 that I last saw h-r alive on Mar 1 1907, and that death occurred, on the date stated above, at 9 a.m

M. CAUSE OF DEATH (Secondary or Immediate)

Duration

(DURATION) 60 DAYS

Contributory (Primary.) Senility

(DURATION) 30 DAYS

(Signed) J. J. Jeffers M.D.

Address 413 N. Carrollton Ave

Date March 1 1907

Place of Burial London Park Cem.

Date March 4 1907

Undertaker Chas. E. Franck

Address 746 N. Eutaw St

WM. J. C. DULANY CO., Baltimore.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B 9875

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. If Death occurred in Hospital or Institution give its Name instead of Street and Number

Full Name Chas R. Robinson

{Residence, if in Baltimore, Give Street and Number.} 629 Jasper St

Duration of Residence in Baltimore. 40 years.

B 9875

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: ~~White~~ Black

DATE OF BIRTH: July 1838

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Johnson

(Address) Baltimore Md

Filed 3/2 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15, 1907 to Feb 25, 1907 that I last saw him alive on Feb 25, 1907 and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's Disease

(DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) C. E. Lumpkin M.D.

Address Md. Gen. Hospital

Date Feb 26, 1907

Place of Burial Mount Auburn Cemetery

Date March 2 1907

Undertaker D. M. Gauthrop

Address 901 N. North Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 98754

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 108 N Poppleton St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Joseph McKenna

{Residence, if in Baltimore, Give Street and Number.} 108 N. Poppleton st.

Duration of Residence in Baltimore. Life

B 98754

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jas McKenna

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary McGuire

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John McKenna

(Address) 108 N Poppleton st

Filed 3/2 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb 19 1907 to Feb 28 1907

that I last saw h... alive on Feb 28 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

I only attended him on Feb 1, and don't know how long he was ill (DURATION) ... DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) Jos. E. Muse M.D.

Address 145 Columbia ave

Date March 1 1907

Place of Burial St Peters

Date March 4 1907

Undertaker John F Cowan

Address 911 Hollins st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98753

City of Baltimore, (No. 440 Hickory Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Haldeman Jos. Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 7 1906 (Month) (Day) (Year)

AGE: 1 years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Geo. W. Davis

BIRTHPLACE OF FATHER (State or country): Angus Co Iowa

MAIDEN NAME OF MOTHER: Mary L. Grimes

BIRTHPLACE OF MOTHER (State or country): Wilmington Del

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W. Davis

(Address) 440 Hickory Ave

Filed 3/2 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 1 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 28 1907 to Mar 1 1907 that I last saw him alive on Mar 1 1907, and that death occurred, on the date stated above, at 9.30 P. M. The CAUSE OF DEATH was as follows:

Membranous Croup

DURATION: 24 Hours DAYS

Contributory Measles

DURATION: 5 DAYS

(Signed) S. R. Nauts M. D.

Mar 1 1907 (Address) 765 Fawn Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Mar 3 1907

UNDERTAKER: J. S. Mansfield

ADDRESS: 1539 Eden Road

WM. J. C. DULANY CO., BALTIMORE

Extension of Funeral time to March 3/07 @ 10 by order of the Coroner

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 98755 Registered No. B 98755

CERTIFICATE OF DEATH.

1044

(Place of Death.) No. 947 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannah Schwartz

{Residence, if in Baltimore, Give Street and Number.} 947 N Washington St

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH May 10th 1866

AGE 40 years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Martin Schwartz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lottie Lidge

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Thomas

(Address) 3107 Foster Ave

Filed 3/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or immediate.)

Acute Indigestion

(Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Carrither M.D.

Address Corner Nay

Date Mar 1 1907

Place of Burial Mt Carmel Cem.

Date March 3rd 1907

Undertaker E. GRADWELL & SON 1708-1710 Canton Avenue.

Address S.E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 D

Registered No. B [redacted] 167

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lydia Headley

{ Residence, if in Baltimore, Give Street and Number. } 929 Smith Court.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR Bk

DATE OF BIRTH 1

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 3/2 1907 [redacted] Registrar

3/2/1907

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1907.

I HEREBY CERTIFY, That I attended deceased from Feby 22 1907 to March 2 1907 that I last saw h[illegible] alive on March 1 1907 and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus resulting from Burns & Jaw and Chest & Abdomen

(DURATION) 8 DAYS

Contributory (Primary.) Burns (accident)

(DURATION) 8 DAYS

(Signed) Victor F. Cullen M.D.

Address St Josephs Hospital

Date March 2nd 1907.

Place of Burial Laurel

Date March 2 1907

Undertaker R A Elliott

Address 506 Rogers Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

98757

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH. 98757

Registered No. B

City of Baltimore, (No. 1833, N Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Henry Morgan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December (Month) 22 (Day) 1837 (Year)

AGE: 69 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Jas. S R Morgan

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L Rittue

(Address) Washington D.C.

Filed 3/2 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 2nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 18 1907 to Mar 2 1907 that I last saw him alive on Mar 2 1907, and that death occurred, on the date stated above, at 1.30 a. m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 13 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) All Macdonald M. D.

Mar. 2 1907 (Address) 1540 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Washington D C

DATE OF BURIAL: March 5 1907

UNDERTAKER: Wm Cook

ADDRESS: 503 E Eloth

WM. J. C. DULANY CO., BALTIMORE

Ward 7th 98758 Registered No. B 1194

CERTIFICATE OF DEATH.

(Place of Death.) No. 405 Dover St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Henry Rouzer

{Residence, if in Baltimore, Give Street and Number.} 405 Dover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH About Dec 1st 1906

AGE ... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) 405 Dover St

FULL NAME OF FATHER Thos. Cooper

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Laura Rouzer

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Cooper

(Address) 405 Dover St.

Filed 3/21 1907 HARRY O. ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb 28 1907 to Feb 28 1907, that I last saw him alive on Feb 28, 1907, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis and Dropsy

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Mackob M.D.

Address 527 S. Paca St

Date March 1 1907

Place of Burial Mt Auburn

Date March 2 1907

Undertaker Alfred L. Trulander

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward 7 — 9875? — Registered No. B

150

CERTIFICATE OF DEATH.

(Place of Death.) No. 622. W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Blanch Kergen.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. One day.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 3-1st-07 1907

AGE: ..... years, ... months, One days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: William J. Kergen

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Blanch Vanhousen

BIRTHPLACE OF MOTHER (State or country): New York (State)

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J. Kergen.

(Address) Ellicott City Md.

Filed 3/2/ 1907 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2nd 1907

I HEREBY CERTIFY, That I attended deceased from 3-1- 1907 to 3-1- 1907

that I last saw him alive on 3-1- 1907,

and that death occurred, on the date stated above, at 9 36 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Malformations

15 hours. (DURATION) DAYS

Contributory (Primary.) Respiratory & Cardiac failure 15 hours (DURATION) DAYS

(Signed) Wm E. Tyson M.D.

Address 622 W. Lombard st.

Date March 2nd 1907

Place of Burial Ilchester Catholic Cemetery Howard Co

Date March 3rd 1907

Undertaker Jas A. Easton & Sons

Address Ellicott City

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98760 Registered No. B 1674

CERTIFICATE OF DEATH.

(Place of Death.) No. Jalues Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fanny Murray

{Residence, if in Baltimore, Give Street and Number.} 706 N Madeira St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Dec 17th 1902

AGE 4 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~MARRIED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Frank W. Murray

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Fanny Yendra

BIRTHPLACE OF MOTHER (State or country) Bavaria

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank W Murray

(Address) 706 Madeira St

Filed 3/4/1907 S. L. Kol Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 1 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3.05 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Burns of body

(ace)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Lamb M.D.

Address Coroner N. Md.

Date Mar 1 - 07 190 .....

Place of Burial Holy Redeemer

Date Mar. 3rd 1907

Undertaker Geo. M. Fink

Address 811 N. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 V Registered No. B 9876

CERTIFICATE OF DEATH. 64 V

(Place of Death.) No. 2418 Maryland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John R. Franklin

{Residence, if in Baltimore, Give Street and Number.} 2418 Maryland Ave

Duration of Residence in Baltimore. about 15 Years B.9876

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 16th 1856

AGE: 50 years, 7 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Snow Hill Md.

FULL NAME OF FATHER: John R. Franklin

BIRTHPLACE OF FATHER (State or country): Berlin Md.

MAIDEN NAME OF MOTHER: Sarah Rawlins

BIRTHPLACE OF MOTHER (State or country): Berlin Md

OCCUPATION OF DECEASED: Commission Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Franklin

(Address) 2418 Maryland Ave

Filed Mch 3rd 1907

C. L. C. R. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2nd 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to March 2 1907 that I last saw h-im alive on March 2 1907 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 6 hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) John S. Bishop M.D.

Address 803 Hamilton Terrace

Date March 2nd 1907

Place of Burial Snow Hill Md.

Date March 4 1907

Undertaker H. Lidden Fuller

Address 2013 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 98762

98762

CERTIFICATE OF DEATH.

50

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Cohen

{Residence, if in Baltimore, Give Street and Number.} 1111 E. Pratt St

Duration of Residence in Baltimore. 8yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH ..... 1.....

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Abraham Zinn

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Zinn

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Abraham Zidle

Address 204 N. Eden st.

Filed 3/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 27 1907 to March 2 1907 that I last saw h.. alive on March 2 1907 and that death occurred, on the date stated above, at 12.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema (2 days) Collapse

(DURATION) 6. DAYS

Contributory (Primary) Nephritis

Diabetes (DURATION) ..... DAYS

(Signed) Lo A. Doney M.D.

Address City Hospital

Date March 2 1907

Place of Burial Philips Rd Rosedale

Date Mar 3 1907

Undertaker Max Levinson

Address 1138 Lowr st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98763 Registered No. B 98763

CERTIFICATE OF DEATH.

(Place of Death.) No. 1235 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ..... Cecelia Powell.

{Residence, if in Baltimore, Give Street and Number.} ..... 1235 Druid Hill Ave.

Duration of Residence in Baltimore..... Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: fe Male | COLOR: Colored

DATE OF BIRTH: —

AGE: 7 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Samuel Powell

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Etta Brooks

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Samuel Powell

Address: 1235, Mt. H. Ave

Filed 3/3 1907 HARRY O. RIKER, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 23 1907 to Feb. 28 1907 that I last saw h[illegible] alive on Feb. 28 1907 and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

Duration ..... DAYS

Con'tributory (~~Primary~~.) Asthma

Duration ..... DAYS

(Signed) W. S. Cox, Jr. M.D.

Address 515 Mosher St.

Date Feb. 28 1907

Place of Burial Mt. Auburn

Date March 3 1907

Undertaker R. T. Elliott

Address 506 Rutgers Ave

WM. J. C. DULANY CO., BALTIMORE

(SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 98764 Registered No. B 98764

CERTIFICATE OF DEATH.

(Place of Death.) No. 926 McDonough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Corra C. Roy.

{Residence, if in Baltimore, Give Street and Number.} 926 McDonough

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B

DATE OF BIRTH 1

AGE 12 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER George Roy

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Maria Muse

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marin Roy

(Address)

Filed 3/3 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 1120 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Camalier M.D.

Address Corner Md Ave & March 1 1907

Place of Burial Laurel

Date march 3 1907

Undertaker W. J. Gelnett

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 98765 Registered No. B 1

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 834 Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irene Anderson

{Residence, if in Baltimore, Give Street and Number.} 834 Stockholm

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Dec 31 1906

AGE ..... years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Bal

FULL NAME OF FATHER John anderson

BIRTHPLACE OF FATHER (State or country) Bal

MAIDEN NAME OF MOTHER Harriet Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jamr Banks

(Address) 834 Stockholm St

Filed 3/3 1907 HARRY C. [illegible], PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to 190

that I last saw h..... alive on 190

and that death occurred, on the date stated above, at ..... A. M.

CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Ovel

(DURATION) ..... DAYS

(Signed) Thos Jones Coroner M.D.

Address

Date March 2 1907

Place of Burial Mt auburn Cem

Date march 3. 1907

Undertaker John H Feadner

Address 3142 N. Hill St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 98766 Registered No. B 98766

138

CERTIFICATE OF DEATH.

(Place of Death.) No. 4 W. Church St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adeline Mister

{Residence, if in Baltimore, Give Street and Number.} 4 W. Church St

Duration of Residence in Baltimore. 28 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 31 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Dorchester Co. Md

FULL NAME OF FATHER Jefferson Thomas

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Cornish

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wesley Mister

(Address) 4 w church St

Filed 3/3 1907 HARRY C. ARMES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb 28 1907 to Feb 28 1907 that I last saw h[illegible] alive on Feb 28 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia (Puerperal)

(DURATION) 1 DAYS

Contributory (Primary) Eclampsia

(DURATION) 1 DAYS

(Signed) H S McCeard M.D.

Address 136 W Hill

Date Mch 2 1907

Place of Burial Laurel Cem.

Date Mch 3 1907

Undertaker Jno. H. Toadvin

Address 142 w Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 9876

CERTIFICATE OF DEATH.

(Place of Death.) No. 1719 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Wagner

{Residence, if in Baltimore, Give Street and Number.} 1719 E Lombard St

Duration of Residence in Baltimore. 67 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredrick Wagner

(Address) 1719 E. Lombard

Filed 3/3 1907 MARY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb 5 1907 to Feb 28 1907 that I last saw h alive on Feb 27 1907 and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary) Senile Bronchitis

(DURATION) 23 DAYS

(Signed) Geo. Blades M.D.

Address 121 Jackson Place.

Date Mar 1 1907

Place of Burial Holy Redeemer

Date March 4 1907

Undertaker Wendell Bippel Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98768 Registered No. B 98768

91 V.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1518 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis X Gottschalk

{Residence, if in Baltimore, Give Street and Number.} 1518 Thames st

Duration of Residence in Baltimore. 36 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Ma | COLOR: W.

DATE OF BIRTH: 1

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gottschalk

(Address) 1518 Tames

Filed 3/3 1907 HARRY O. RUSSELL, PARTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1907

I HEREBY CERTIFY, That I attended deceased from Feb 18 1907 to March 1 1907

that I last saw h.. alive on March 1 1907

and that death occurred, on the date stated above, at 7 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Acute Bronchitis

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L [illegible] M.D.

Address 611 Sunday

Date March 5 1907

Place of Burial Holy Redeemer

Date Mar 4 1907

Undertaker Wendell Griffith Son

Address 3305 Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

Place of Death.) No. 126 Hanford Rd St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles F Steide

{Residence, if in Baltimore, Give Street and Number.} 26 Hanford Rd

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 19 1861

AGE: 45 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Steide

(Address) 126 Hanford Road.

Filed 3/3 1907 HARRY O. AHRENS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to March 1 1907 that I last saw him alive on March 1 1907, and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hepatic Cirrhosis

(DURATION) 21 DAYS

Contributory (Primary.) Pericarditis

(DURATION) 37 DAYS

(Signed) Augustus Bon i M.D.

Address 257 W Lanvale St

Date March 4 1907

Place of Burial Baltimore County

Date March 3 1907

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Balto. Sts. and 1703-1715 Clinton Avenue

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

504

CERTIFICATE OF DEATH.

Registered No. B 98770

City of Baltimore, (No. 502, E. 20th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia A. Rodbird.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 24th (Day) 1843 (Year)

AGE: 63 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: John O'Connor

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Horn

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Chas. Stark

(Address) 502 E 20

Filed 3/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 1st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 7th 1906 to March 1st 1907 that I last saw h[er] alive on March 1st 1907, and that death occurred, on the date stated above, at 9.30 P.M. The CAUSE OF DEATH was as follows:

Toxemia Uremia (DURATION) 7 DAYS

Contributory Diabetes (DURATION) 3 yrs

(Signed) Chas. Stark M. D.

March 3d 1907 (Address) 502 E. 20th St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Washington D.C. | DATE OF BURIAL: March 4 1907

UNDERTAKER: C. A. Weidefeller | ADDRESS: 2118 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B .....

CERTIFICATE OF DEATH.

151 L

(Place of Death.) No. 208 N. Wolfe St.

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Schmitt

{Residence, if in Baltimore, Give Street and Number.} 208 N. Wolfe St.

B. 1907 M

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 1st 1907

AGE: ~ years, ~ months, 1/2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: George Schmitt

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Lantz

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Schmitt

(Address) 208 N. Wolfe St

Filed 3/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 - 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to March 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(No permation)

(DURATION) d. DAYS

Contributory (Primary) Prematurity

(DURATION) DAYS

(Signed) W. O. Wades M.D.

Address 121 Jackson Place

Date 190

Place of Burial Holy Redeemer Cem.

Date March 3rd 1907

Undertaker Germanus Franz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 98772

CERTIFICATE OF DEATH.

(Place of Death.) No. 1234 S. Sharp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph B. Smith -

{ Residence, if in Baltimore, Give Street and Number. } 1234 S. Sharp St.

Duration of Residence in Baltimore.

B-98772

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Mch. 18 1862

AGE: 44 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co. Md.

FULL NAME OF FATHER: Benj. R. Smith -

BIRTHPLACE OF FATHER (State or country): Calvert Co Md.

MAIDEN NAME OF MOTHER: Isabella Johnson

BIRTHPLACE OF MOTHER (State or country): Calvert Co. Md.

OCCUPATION OF DECEASED: Cooper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Joseph B Smith

(Address) 1234 S Sharp St

Filed 3/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch. 1 1907

I HEREBY CERTIFY, That I attended deceased from June 17 1906 to Mch. 1 1907 that I last saw h-- alive on Mch. 1 1907 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis (Lungs)

Since before my 1st Visit June 17-06 (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 7 DAYS

(Signed) Frank C. Ferguson M.D.

Address 1006 S. Sharp St

Date March 1 1907

Place of Burial London Park Cem.

Date March 4 th 1907

Undertaker Daniels and Maynard

Address 42. East West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98773

CERTIFICATE OF DEATH.

98773

137

(Place of Death.) No. 1376 Calhoun St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosie A Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1376 Calhoun St

Duration of Residence in Baltimore. Life 12 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: Colored

DATE OF BIRTH: Dec. 27th 1885

AGE: 21 years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Levi A. Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rachel Bell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laund. Housemaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Lane

(Address) 592 Oxford St.

Filed 3/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 27th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

..... (DURATION) ..... DAYS

Contributory (Primary.) abortion

..... (DURATION) ..... DAYS

(Signed) Wilson Bredenin M.D.

Address 700 Lex. ave. (Corner)

Date ~~Feby.~~ March 2nd 1907

Place of Burial Holy Cross Cem

Date March 4th 1907

Undertaker Thos. F. Cain

Address 1011 N. Arlington Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 98771 Registered No. B 98774

43

CERTIFICATE OF DEATH.

(Place of Death.) No. 1729 Jefferson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elizabeth Daly

{Residence, if in Baltimore, Give Street and Number.} 1729 Jefferson ab

Duration of Residence in Baltimore. 3 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 24th 1841

AGE 66 years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Wm Daly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Nolan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ely Burke

(Address) 1729 Jefferson ab

Filed 3/3 1907

HEAD OF BUREAU; PERMIT CLERK;

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2d 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1906 to March 2d 1907

that I last saw her alive on March 1st 1907

and that death occurred, on the date stated above, at 11.45 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cancer of Breast

(DURATION) 3 Years

Contributory (Primary.) Cancer of Lung

of Sternum (DURATION) 120 DAYS

(Signed) Edward Phillip Duffy M.D.

Address 209 E Lexington St

Date June 3d 1907

Place of Burial Boston Mass.

Date March 4th. 1907

Undertaker Evans & Spencer

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 L

CERTIFICATE OF DEATH.

Registered No. B 98775

City of Baltimore, (No. 2034 Jefferson Place St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo R Hawkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: Wh

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 19 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: James Hawkins

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Lydia Hoffman

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Hawkins

(Address) 2034 Jefferson Place

Filed 3/3 1907 HARRY C. AHLERS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 1, 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Feb 28 1907

that I last saw h[illegible] alive on ..... 190..7,

and that death occurred, on the date stated above, at 1/4 P. M. The CAUSE OF DEATH was as follows:

Tubercular Pneumonia

(DURATION) 6 DAYS

Contributory Phthisis

(DURATION) [illegible] DAYS

(Signed) [illegible] M. D.

May 2, 1907 (Address) 1244 N Gay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: March 4 1907

UNDERTAKER: [illegible]

ADDRESS: 850 E. Fayette

Ward 1 9875 Registered No. B

CERTIFICATE OF DEATH.

1717

(Place of Death.) No. 1026 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H Travis

{Residence, if in Baltimore, Give Street and Number.} 1026 N. Chapel.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 1 years, 3 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John murphy

BIRTHPLACE OF FATHER (State or country) n a

MAIDEN NAME OF MOTHER anna Maura

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother

(Address) 1026 N. Chapel St

Filed 3/3/1907 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw him alive on ... 190 ...

and that death occurred, on the date stated above, at 12

I. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) [redacted] M.D.

Address [redacted]

Date March 2 1907

Place of Burial Woodbury cemetery

Date march 3 1907

Undertaker E. Byrn

Address 1156 mc Elderry st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... 9877 Registered No. B ... 167

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Anna Greenwood

{Residence, if in Baltimore, Give Street and Number.} 1318 Argyle Ave.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/3/1907 HARRY G. ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3d 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 27th 1907 to March 3d 1907

that I last saw her alive on March 3d 1907

and that death occurred, on the date stated above, at 7.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia ? Shock following retained urine.

(DURATION) DAYS

Contributory (Primary) (accident o.s.)

(DURATION) DAYS

(Signed) C. E. Riggs M.D.

Address 1514 Division St.

Date March 3d 1907

Place of Burial New Windsor Md

Date March 4 1907

Undertaker Sarah Ahrens & Co

Address 754 Eutaw St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B 98778

98778

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Geo. Corporal

{Residence, if in Baltimore, Give Street and Number.} 1018 Booth St

Duration of Residence in Baltimore. All life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Geo. Corporal

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Simpson

(Address) 1018 Brook St

Filed 3/4 1907 — Marsh Harris, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 26 1907 to March 1 1907 that I last saw h[im] alive on March 1 1907, and that death occurred, on the date stated above, at 2:15 A.M. CAUSE OF DEATH (Secondary or Immediate) Regurgitation failure, oedema of lungs

(DURATION) DAYS

Contributory (Primary.) Pneumonia (DURATION) 10 DAYS

(Signed) W. W. Lewis M.D.

Address University Hospital

Date March 1st 1907

Place of Burial Mt Auburn

Date March 4 1907

Undertaker Alfred J. Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 98779 Registered No. B 98779

CERTIFICATE OF DEATH.

(Place of Death.) No. 1208 Carroll St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret Rattmann

{Residence, if in Baltimore, Give Street and Number.} 1208 Carroll St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1847

AGE 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Lizzie Rothmann

(Address) 1208 Carroll st

Filed 3/4 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb 21 1907 to Feb 28 1907

that I last saw h alive on Feb 27 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Intestin

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) 1 DAYS

(Signed) Ed Kemper M.D.

Address 511 Lemmon Franklin st

Date 1907

Place of Burial Holy Redeemer Cemetery

Date March 4 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98280

City of Baltimore, (No. 40, Carroll Ave St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Piquet

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 1 (Day) 1907 (Year)

AGE: 0 years, 0 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George Piquet

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Matilda Mauerhan

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Piquet

(Address) 40 Carroll Ave.

Filed 3/4 1907 HARRY C. ANDERSON Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 3 1907 to March 3 1907 that I last saw h[illegible] alive on March 3 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Respiratory Failure

(DURATION) 1 DAYS

Contributory

Congenital Atelectasis (DURATION) 3 DAYS

(Signed) Howard W Jones M. D.

March 3 1907 (Address) Irving Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: March 4 1907

UNDERTAKER: W. S Sisk

ADDRESS: 2113 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 9878 Registered No. B 9878

CERTIFICATE OF DEATH.

196

(Place of Death.) No. 825 Little Monument St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Alecinda and George Johnston

{Residence, if in Baltimore, Give Street and Number.} 825 Little Monument St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored -

DATE OF BIRTH: March 1st 1907

AGE: ....years, ...months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto Md -

FULL NAME OF FATHER: George Johnston

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: alecinda Johnson

BIRTHPLACE OF MOTHER (State or country): Va -

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Johnston

(Address) 825 Little Monument

Filed 3/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 2 - 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 2 1907 that I last saw him alive on March 2 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate

Contractus Pelvis -

(DURATION) DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) DAYS

(Signed) H. Blum G. M.D.

Address 622 W Lombard St

Date March 2 - 1907

Place of Burial Mt Auburn Cemetery

Date March 4 1907

Undertaker J B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B 9878

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Coleman Bruce

{ Residence, if in Baltimore, Give Street and Number. } St Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: Jan. 5 1905

AGE: 2 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McClennan

(Address) 2020 Madison Ave.

Filed 3/5 1907 HARRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1907

I HEREBY CERTIFY, That I attended deceased from Feb 25 1907 to Mar 2 1907

that I last saw h[illegible] alive on Mar 1 1907,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McClennan M.D.

Address 2020 Madison Ave.

Date March 2 1907

Place of Burial New Cathedral Cemetery

Date March 4 1907

Undertaker Felix B. Pyz

Address 1026 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98783

City of Baltimore, (No. 2114, S. Charles St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Annie Aro

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 11 (Day) 1882 (Year)

AGE: 24 years, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City Md.

FULL NAME OF FATHER: John A. Zimmerman

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Rosa Sholles

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Zimmerman

(Address) 1236 Sargent St

Filed 3/14 1907

HARRY G. ARNOLD, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 1st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 28th 1907 to March 1 1907 that I last saw her alive on Feb 28-98 1907, and that death occurred, on the date stated above, at 1-20 A M. The CAUSE OF DEATH was as follows:

Septicemia

2 months (DURATION) DAYS

Contributory unknown (DURATION) DAYS

(Signed) Z. K. Wiley M. D.

March 3rd 1907 (Address) Z. K. Wiley

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: March 4 1907

UNDERTAKER: Wm Cook

ADDRESS: 1102 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 98784 — Registered No. B ... 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1319. Bayard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Warren Grant Coleman

{Residence, if in Baltimore, Give Street and Number.} 1319. Bayard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 24 1865

AGE: 41 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Alexander Coleman

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Margaret Coleman

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. A. Coleman

(Address) 1323 Scott St

Filed 3/4 1907 — HARRY C. ARNOLD, PUBLIC CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 28 1907

I HEREBY CERTIFY, That I attended deceased from As Corner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8 PM.

CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. Grant Jones M.D.

Address As Corners

Date March 3 1907

Place of Burial Mt Olivet Cem

Date March 5 1907

Undertaker Lovelock

Address 502 E Fayette

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 9878[illegible] Registered No. B ..... 9878[illegible]

98785 98785V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Basha Benton

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: .....1.....

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/4 1907 HARRY O. ARLICH PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 27 1907 to March 1 1907 that I last saw h[illegible] alive on March 1 1907, and that death occurred, on the date stated above, at 7.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral regurgitation
Chronic passive
Congestion Chronic
Diffused Nephritis (DURATION) DAYS

Contributory (Primary.) Arterio
Sclerosis (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date March 2 1907

Place of Burial Holy Cross

Date Mar 5 1907

Undertaker William Cook

Address 502 E Hoffman

WM. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 B

98786 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 Light St.

If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edwin Howser

{Residence, if in Baltimore, Give Street and Number.} 1711 Light St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 1" 1886

AGE: 20 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John W. Howser

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Caroline Krolt

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Statesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Howser

(Address) 1711 Light St.

Filed 3/4 1907

PARKE O. [illegible]
PARKE CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Mar 2 1907

that I last saw h[illegible] alive on Mar 2 1907,

and that death occurred, on the date stated above, at 2-50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary

Subsequents (DURATION) Indefinite DAYS

(Signed) R. E. L. Campbell M.D.

Address 164 W. Lanvale St.

Date Mar 3 1907

Place of Burial Loudon Park

Date March 6/907 190

Undertaker Thos Cook

Address 1711 Light St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98787 Registered No. B .....

CERTIFICATE OF DEATH.

166

Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis E. Trach

{Residence, if in Baltimore, Give Street and Number.} 67 Brick Hill, Woodberry

Duration of Residence in Baltimore. 6 - yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Sept. 11, 1875

AGE: 8 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Co. Md.

FULL NAME OF FATHER: L. V. Trach

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Addie A

BIRTHPLACE OF MOTHER (State or country): Balt

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant L. V. Trach

Address 67 Brick Hill Woodberry

Filed 3/4 1907

HARRY C. ANDREWS, PERMIT CLERK. (SEAL)

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 2d 1907

I HEREBY CERTIFY, That I attended deceased from Coroners Case to ..... 190...

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 11.55

I. CAUSE OF DEATH (Secondary or Immediate)

Shock - both legs Crushed Off

..... (DURATION) ..... DAYS

Contributory (Primary.) Run over by Electric Car (DURATION) DAYS

(Signed) Benj D. Hayden M.D. Coroner

Address 216 N. Carolina St

Date Mar 8 1907

Place of Burial At Marys Cem

Date Apr. 5/907 1907

Undertaker Wm Cook

Address 502 E Fairmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 S Broadway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Almira Conway

{Residence, if in Baltimore, Give Street and Number.} 21 S Broadway

Duration of Residence in Baltimore. Life

B. 98788

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH ..... 1.....

AGE 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Capt Edward Cooper

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary Bishop

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Laura A Cooper Niece.

(Address) 21 S Broadway

Filed 3/4 1907

HARRY C. SHARRER, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1907 to March 2, 1907 that I last saw h alive on March 1, 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of the brain

(DURATION) 30 DAYS

Contributory (Primary.) Appendicitis

(DURATION) 28 DAYS

(Signed) M. J. Gatch M.D.

Address 11 E. Broadway

Date Balto. City, March 2, 1907.

Place of Burial Greenmount CEMETERY.

Date MAR 6 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1811 N. Chas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm J Malster

{Residence, if in Baltimore, Give Street and Number.} 1811 N Chas St

Duration of Residence in Baltimore. 45 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 4 1841

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jeremiah Malster

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Sarah Iler

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm J Malster

(Address) 1811 N. Chas St

Filed March 4 1907

MARY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1907 to March 1 1907

that I last saw him alive on March 1 1907

and that death occurred, on the date stated above, at 4.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs.

Had also cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.) Sclerosis

Chr. Nephritis, Myocarditis, arteriosclerosis (DURATION) DAYS

(Signed) Walter B Platt M.D.

Address 802 Cathedral St

Date March 2 - 1907

Place of Burial Elkton Cecil Co Md

Date March 5" 1907

Undertaker Hy W Jenkins & Sons Co

Address 2331 W. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 98730 — Registered No. B 98730

CERTIFICATE OF DEATH.

(Place of Death.) No. 927 N. Bolton St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Young.

{Residence, if in Baltimore, Give Street and Number.} 927 N. Bolton St.

Duration of Residence in Baltimore. 65 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1827

AGE: 80 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: Somerset Young

BIRTHPLACE OF FATHER (State or country): Stallary Co Md

MAIDEN NAME OF MOTHER: Elizabeth ——

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Winder

(Address) 927 N Bolton St

Filed 3/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan 26 1907 to March 2 1907 that I last saw h— alive on March 1st 1907, and that death occurred, on the date stated above, at 10.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Arthritis Cardiac fracture (DURATION) 10 DAYS

Contributory (Primary)

Paralysis (DURATION) 15 DAYS

(Signed) Edward Gilchrist M.D.

Address 1339 W. North Ave

Date Baltimore March 3d 1907

Place of Burial Laurel Cem

Date 3/4 1907

Undertaker Chas. Kemsley

Address 57 N. Bridel

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 98792

274

CERTIFICATE OF DEATH.

(Place of Death.) No. 1413 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eugene Thomas

{Residence, if in Baltimore, Give Street and Number.} 1413 Brunt Street

Duration of Residence in Baltimore. Life

B. 98792

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR ed

DATE OF BIRTH 1

AGE 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER J or Thomas

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Lucy Johnson

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J H Thomas

(Address) 1413 Brunt St

Filed 3/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 190 to March 1 190 7

that I last saw h in alive on March 1 190 7,

and that death occurred, on the date stated above, at 3 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Howd months (DURATION) — DAYS

Contributory (Primary.) Exposure

(DURATION) — DAYS

(Signed) Edward A Mueller M.D.

Address 1230 Druid Hill Ave

Date March 1 1907

Place of Burial Mt Auburn

Date 3/4 1907

Undertaker Alex Hennessy

Address 5 S Eutaw Bridle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 98752 Registered No. B 120 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 2231 E. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Grill

{ Residence, if in Baltimore, Give Street and Number. } 2231 E. North Ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 20th 1838

AGE 69 years, 9 months, 10 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Conrad Pabst

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Hous Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate Williams

(Address) 2231 E. North Ave

Filed 3/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF ~~DEATH~~ March 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Jan 16th 1907 to March 2nd 1907 that I last saw h~~er~~ alive on March 2nd 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

As heard

Uraemic Convulsions

(DURATION) DAYS

Contributory (Primary.) Chronic Nephritis 8

(DURATION) 1 DAYS

(Signed) D. Eckert. M.D.

Address 1419 Eager St.

Date March 3rd 1907

Place of Burial Baltimore

Date March 4th 1907

Undertaker H. C. Wadefield

Address 914 Greenmit Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 98793

CERTIFICATE OF DEATH.

(Place of Death.) No. 2312 Boston St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas J. Adams

{Residence, if in Baltimore, Give Street and Number.} 2312 Boston St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 11 1853

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Ship Corker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Adams

(Address) 613 Port St

Filed 3/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1907

I HEREBY CERTIFY, That I attended deceased from Feb 28 1907 to March 1 1907

that I last saw him alive on March 1 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) O. L Long M.D.

Address 2429 Fait Ave

Date March 1 1907

Place of Burial Baltimore Cem

Date March 4 1907

Undertaker D P Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 98794 Registered No. B 98794

CERTIFICATE OF DEATH.

187 V

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Cole

{Residence, if in Baltimore, Give Street and Number.} 927 Ramsay Alley
92 N Vincent alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 38 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Ben Hopkins

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Johnson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Jackson

(Address) 1441 ~~Druid~~

Filed 3/4 1907 ~~CLERK OF~~ ANDREWS ~~Vincent~~ ~~PERMIT CLERK.~~ Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Feb~~ Mar. 1st, 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 25th 1907 to Mar. 1st 1907 that I last saw h~~er~~ alive on Mar. 1st 1907, and that death occurred, on the date stated above, at 1 ~~P~~ M. CAUSE OF DEATH (Secondary or Immediate)

Suprumia

(DURATION) 7 DAYS

Contributory (Primary.) ~~Dup~~ After birth

no return (DURATION) 17 DAYS

(Signed) H. F. Bruchany M.D.

Address Franklin Sq. Hospital

Date March 2nd 1907

Place of Burial Mt Auburn

Date Mar 4 1907

Undertaker Wm J. Johnson

Address 614 Balto. St

WM. J. C. DULANY CO., BALTIMORE.

OK A.D.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

1542

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98795

Registered No. B.....

City of Baltimore, (No. 1129, E. Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edi G. Armiger

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 13 1822 (Month) (Day) (Year)
AGE	84 years, 11 months, 19 days
~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~	Widower
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Benjamin Armiger
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Sarah Hutton
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Retired Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Carrie Warmiger, daughter

(Address) 1129 E Fayette st

Filed 3/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 2nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from For the past two years 190.. to ..... 190.....

that I last saw h.. alive on Mch 1st 1907,

and that death occurred, on the date stated above, at 6.45 A. M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Howard C. Silver M.D.

Mch 2nd 1907 (Address) 914 Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	March 4 1907
UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 2 Registered No. B 98796

CERTIFICATE OF DEATH.

(Place of Death.) No. 1648 S Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph R. Clewell

{Residence, if in Baltimore, Give Street and Number.} 1648 Charles St.

Duration of Residence in Baltimore. Lifetime

B 98796

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH February 9 1906

AGE 1 years, 0 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Harry Clewell

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mellie Dailey

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Clewell

(Address) 1648 S Charles St.

Filed 3/4 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 2 1907

I HEREBY CERTIFY, That I attended deceased from Mar 1 1907 to Mar 2 1907 that I last saw him alive on Mar 2 1907, and that death occurred, on the date stated above, at 4-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac weakness

(DURATION) 1 DAYS

Contributory (Primary.) Broncho Pneumonia (DURATION) 2 DAYS

(Signed) R E L Campbell M.D.

Address 1644 Eutaw

Date Mar 2 1907

Place of Burial Holy Cross C & C Co.

Date March 5th 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 9875 — Registered No. B 9874

94

CERTIFICATE OF DEATH.

(Place of Death.) No. 908 Battery Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Theodore L. Callahan

{Residence, if in Baltimore, Give Street and Number.} 908 Battery Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 11 1882

AGE: 24 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Mathias Callahan

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie M. Gaber

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H. Callahan

(Address) 908 Battery Ave.

Filed 3/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11 1907 to Mar 2 1907 that I last saw him alive on Mar 2 1907 and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 6 DAYS

Con'tributory (Primary.) Bronchitis and Pleurisy (DURATION) 44 DAYS

(Signed) Paul Stifler M.D.

Address 1409 Light St

Date March 5 1907

Place of Burial Mount Olivet

Date March 5th 1907

Undertaker Jos. Stumbaugh

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 98789 Registered No. B 5349

CERTIFICATE OF DEATH.

(Place of Death.) No. 1012 William St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Hayward

{Residence, if in Baltimore, Give Street and Number.} 1012 William St.

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: Oct 4 1834

AGE: 72 years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Benjamin Hayward

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Comfort Insley

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant William Hayward Jr

(Address) 1012 William St

Filed 3/4 1907

CLERK OF (NURSES) PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 28 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to Feby 28 1907

that I last saw him alive on Feby 28 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate

Nephritis

(DURATION) TIME

Contributory (Primary.) 6 mos.

(DURATION) TIME

(Signed) C. T. Smith M.D.

Address 528 Hanover St

Date March 1st 1907

Place of Burial MOUNT OLIVET.

Date MAR 4 1907 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B 98798

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 9 E Pleasant St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary O Thorpe

{Residence, if in Baltimore, Give Street and Number.} 9 Pleasant St

Duration of Residence in Baltimore. Life Time

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 1 1840

AGE: 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Josiah Hanson

BIRTHPLACE OF FATHER (State or country): Chas Co Md

MAIDEN NAME OF MOTHER: Priscilla Maddox

BIRTHPLACE OF MOTHER (State or country): Prince Geo Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes K Stark

(Address) 9 E Pleasant St

Filed 3/4 1907

BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Saturday March 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20th 1907 to March 1st 1907 that I last saw h[er] alive on March 1st 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) Normal DAYS

Contributory (Primary.) Apoplexy

(DURATION) 10 DAYS

(Signed) Dr Welch M.D.

Address 607 E Chase St

Date Baltimore March 3d 1907

Place of Burial Druid Ridge

Date March 4 1907

Undertaker E Madison Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 549 Presstman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm A. Kershaw

{Residence, if in Baltimore, Give Street and Number.} 549 Presstman St.

Duration of Residence in Baltimore. Life.

D. 9880

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 9 Nov 1873

AGE: 33 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Henry Kershaw

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rachel Brinn

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Lucy Kershaw

(Address) 549 Presstman St

Filed 3/4 1907 HARRY O. KNIGHT, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch 3" 1907

I HEREBY CERTIFY, That I attended deceased from Feby 5 1907 to Mch 3" 1907

that I last saw h... alive on Mch 2" 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) 7 Mos. DAYS.

Contributory (Primary.) Exhausted

(DURATION) 2 DAYS

(Signed) Thomas J. Talbot M.D.

Address 1701 Eutaw Place

Date Mch 4" 1907

Place of Burial Western Cemetery

Date Mch 4 1907

Undertaker Joseph Silver

Address 1201 N. North Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 98801

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2120 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph S Steiner

{ Residence, if in Baltimore, Give Street and Number. } 2120 E Monument st.

98801

B 98801

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: John Steiner

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Josefa Vorlicek

BIRTHPLACE OF MOTHER (State or country): Bohema

OCCUPATION OF DECEASED: John Laborer Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dorfsiel

(Address) 2110 E Monument St

Filed 3/4 190 7

Registrar

EARL C. ANDREAS, DEPUTY CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 3. 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 23 1907 to Mar 3 1907

that I last saw h im alive on 190

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Sclerosis Pneumonia

(DURATION) 9 DAYS

Con'tributory (Primary.) Cardiac Paralysis (DURATION) 2 DAYS

(Signed) William Spitz M.D.

Address 2008 Ashland Ave

Date 3 — 4 — 07. 190

Place of Burial Oak Hill

Date Mar 5 1907

Undertaker Frank E Krach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 9880 Registered No. B

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 206 N Caustle St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm C Kramer Jr

{Residence, if in Baltimore, Give Street and Number.} 206 N. Caustle St.

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Nov 7th 1906

AGE ... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm C. Kramer

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Julia H. Shefeler

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm C. Kramer

(Address) 206 N. Caustle

Filed 3/4 190 7 CLERK OF ORPHANS' COURT PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 3 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 2.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

... Convulsions (Duration) ... Days

Contributory (Primary.) ... (Duration) ... Days

(Signed) ... M.D.

Address ...

Date Mar 3 - 07 190...

Place of Burial Balto. Cem

Date 3/5/07 190...

Undertaker J. Herwig & Son

Address 1008 Orleans St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1123 N. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jakie Zapf

{Residence, if in Baltimore, Give Street and Number.} 1123 Montford

Duration of Residence in Baltimore. 52 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH May 28th 1824

AGE 83 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Zapf

(Address) 2505 E. Fairmount Ave

Filed 3/4 1907 CLERK OF ARCHIVES, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 3 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 9:30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Suicide by Gas

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Fred Cullen M.D.

Address Coroner

Date Mar 3 - 07 190...

Place of Burial Mt. Carmel Cem.

Date 3/6/07 190...

Undertaker J. Herring & Son

Address 200 S. Adams St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 98804 — Registered No. B 98804

9 1 V

CERTIFICATE OF DEATH.

(Place of Death.) No. #1711 N. Port Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hirth

{Residence, if in Baltimore, Give Street and Number.} 1711 N. Port St.

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 22nd 1837

AGE 69 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Hirth

(Address) 1711 N. Port St.

Filed 3/4 1907 HARRY D. ARNOLD PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 2 1907

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to Feb 28 1907 that I last saw h alive on Feb 28 1907 and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

1. Senile Bronch

(DURATION) 3 DAYS

Con'tributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) H. Gladden M.D.

Address 121 Jackson Place

Date Mar. 3rd 1907

Place of Burial Oak Lawn Cem.

Date 3/6/07 1907

Undertaker J. Hennig & Son

Address 2008 Aliceanna St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. D 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie Lycett

{Residence, if in Baltimore, Give Street and Number.} 1626 Jackson Street

Duration of Residence in Baltimore. D. 98805

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 5 — 26 — 1884

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: John L. Rhodes

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: M. S. Elliott

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss S. Elliott

(Address) Covington & Fortave

Filed 3/4 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1907

I HEREBY CERTIFY, That I attended deceased from Feb 28 1907 to March 1 1907

that I last saw her alive on March 1 1907,

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

Pericarditis.

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis.

..... (DURATION) ..... DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date ..... 190...

Place of Burial Balto Cemetery

Date Mar 4 1907

Undertaker John J. Fahey

Address 1232 Pt William

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1110 E Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Cohen

{Residence, if in Baltimore, Give Street and Number.} 1110 E Pratt St

Duration of Residence in Baltimore. 2 mos

B98806

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: 1

AGE: 21 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Russ Germany

FULL NAME OF FATHER: Hona Brook

BIRTHPLACE OF FATHER (State or country): Russ Germany

MAIDEN NAME OF MOTHER: Rasche Kurlick

BIRTHPLACE OF MOTHER (State or country): Russ Germany

OCCUPATION OF DECEASED: H

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Cohen

(Address) 110 E Pratt St

Filed 3/4 1907

HARRY C. [illegible], Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 3 1907

I HEREBY CERTIFY, That I attended deceased from March 3 1907 to March 3 1907

that I last saw her alive on March 3 1907

and that death occurred, on the date stated above, at 7 p. m. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia 4 puerperal

(DURATION) ..... DAYS

Contributory (Primary.)

36 hr (DURATION) ..... DAYS

(Signed) O. F. Blake M.D.

Address 1522 E Balto

Date March 4 1907

Place of Burial Hebrew Philip Rd Rosedale

Date March 4, 1907

Undertaker Max Levinson

Address 113 S Low St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

66

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius Zimberoff

{Residence, if in Baltimore, Give Street and Number.} 1607 E Pratt st

Duration of Residence in Baltimore. 8 mos.

D 99807

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Nathan Zimberoff

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Libes Chokin

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. M. Shapiro

(Address) 1007 Low St.

Filed 3/4 1907

HARRY C. ADKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF ~~DEATH~~ Mar 4th 1907

I HEREBY CERTIFY, That I attended deceased from Mar 1st 1907 to Mar 4 1907

that I last saw h alive on Mar 4 1907,

and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 8 DAYS

Contributory (Primary.) Def. Hem

pleurisy (DURATION) 100 DAYS

(Signed) Thos Bayley Jr. M.D.

Address Hebrew Hospital

Date Mar 4th. 1907

Place of Burial Hebrew Philip Old Ross Dale

Date Mar 4, 1907

Undertaker May London

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

64

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98803

Registered No. B.....

City of Baltimore, (No. 1917 McMean Avenue St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Anderson McCoy.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White.

DATE OF BIRTH March (Month) 11 (Day) 1832 (Year)

AGE 74 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Sykesville Md.

FULL NAME OF FATHER Archibald McCoy.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Miss Wilson

BIRTHPLACE OF MOTHER (State or country) Williamsport Md.

OCCUPATION OF DECEASED Ship-builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs annie E. McCoy

(Address) 1917 McMean ave

Filed 3/4 1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 1 (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 25th 1907 to March 1st 1907. that I last saw him alive on March 1st 1907., and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Apoplexy - (DURATION) 4 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) John T. Ruby M. D.

Mar 2nd 1907. (Address) 228 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL London Park Cem

DATE OF BURIAL, March 5 1907

UNDERTAKER Troy Bros

ADDRESS 5941 Bille St

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98809

City of Baltimore, (No. 416 W. Hamburg St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elsie L. Lolty

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October (Month) 26 (Day) 1883 (Year)

AGE: 23 years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carrol Co Md

FULL NAME OF FATHER: George W Arnold

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Frances E. Bowers

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Lolty

(Address) 416 W Hamburg St.

Filed 3/4 1907 HARRY C. ADKINS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 1st. (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906. to March 1st. 1907. that I last saw her alive on March 1st. 1907., and that death occurred, on the date stated above, at 5.10 P. M. The CAUSE OF DEATH was as follows:

Purulent endometritis and salpingitis.

Eight (8) months. (DURATION)

Contributory Exhaustion.

(DURATION) 14 DAYS

(Signed) C. W. Rohrer. M. D.

Mch 2nd. 1907 (Address) 114 W. Franklin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. | DATE OF BURIAL: March 4 1907

UNDERTAKER: Wm J. Dickerson & Son | ADDRESS: 425 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

1546

CERTIFICATE OF DEATH.

(Place of Death.) No. 2121 N. Charles St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Almira Robinson

{Residence, if in Baltimore, Give Street and Number.} 2121 N. Charles St

Duration of Residence in Baltimore. 69 yr.

B. 1888

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 19th 1837

AGE 69 years, 5 months, 11 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~ S

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George W. Robinson

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary E. Buck.

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris B Robinson

(Address) 1912 W. Lafayette Ave

Filed 3/4 1907

EARLY O. [illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to March 2 1907 that I last saw h[illegible] alive on Feb 27 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 6 DAYS

Contributory (Primary.) Old age + Dementia (DURATION) 60 DAYS

(Signed) Clinton P. Herring M.D.

Address 1317 Madison Ave

Date March 2nd 1907

Place of Burial Green Mount

Date Mar 5th 1907

Undertaker Geo J Smith & Co

Address 5000 W. Fayette St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98811

Registered No. B

City of Baltimore, (No. 341 E 22nd St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julian T. Bradshaw

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 12th (Day) 1849 (Year)

AGE: 58 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Cambridge Md

FULL NAME OF FATHER: John Bradshaw

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Mary Adams

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maude L Grogan

(Address) 225 S Fulton Ave

Filed 3/4 1907 EARL C. ANDRAE, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 3rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to March 3rd 1907

that I last saw him alive on March 3rd 1907,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Gall Stones

(DURATION) 3 DAYS

Contributory Hemorrhagic Pancreatitis (DURATION) 2 DAYS

(Signed) W J Winn M. D.

3/3 1907 (Address) 2129 St Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Mar 6 1907

UNDERTAKER: Leo J Smith Co.

ADDRESS: 1000 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 742 W. Mulberry St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John A. Anderson

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

B. 9817

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Anderson

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Watson

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 3/4 1907 EARL C. ANDREWS, SECOND CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3d 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1907 to 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lehtart Coroner M.D.

Address 211 W. Lanvale

Date March 3d 1907

Place of Burial Baltimore Cem

Date March 5 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B 98813 153

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Place of Death.) No. 2242 Canton Ave St.

Full Name Lillian A. Porsinger

{Residence, if in Baltimore, Give Street and Number.} 2242 Canton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH March 2nd 1907

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Maryland

FULL NAME OF FATHER Frederick Porsinger

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Lillian A. Borger

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Porsinger

(Address) 2442 Canton Ave.

Filed 3/4 1907 EARLY C. ANDREWS, EARLE ULLMAN, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3rd 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to Mch. 3rd 1907

that I last saw h[illegible] alive on [illegible] 1907,

and that death occurred, on the date stated above, at 9 45 A.M. CAUSE OF DEATH (Secondary or Immediate

Inanition

(DURATION) DAYS

Contributory (Primary.) Cardiac failure

(DURATION) DAYS

(Signed) Chas. Neer M.D.

Address 619 S. Pat. Park Ave

March 3rd 1907

Place of Burial St. Matthews Cem.

Date March 4th 1907

Undertaker H. SNYDER & SONS.

Address S.E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2522 Foster Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel B Frazier

{Residence, if in Baltimore, Give Street and Number.} 2522 Foster Ave

Duration of Residence in Baltimore. life

B. 908/14

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 26th 1904

AGE: 2 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Frazier

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary A. Miller

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Frazier

(Address) 2522 Foster Ave

Filed 3/5 1907

HARRY O. ROGERS, Public Clerk.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: march 2 1907

I HEREBY CERTIFY, That I attended deceased from Feb 19 1907 to march 2 1907

that I last saw h alive on 2 1907,

and that death occurred, on the date stated above, at 4 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

meningitis

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Kearney M.D.

Address 156 milton ave

Date march 4 1907

Place of Burial 1st Evangelical Lem.

Date March 4th 1907

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 98815 — Registered No. B 272

CERTIFICATE OF DEATH.

(Place of Death.) No. 1925 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Command (Command)

{Residence, if in Baltimore, Give Street and Number.} 1925 Gough

Duration of Residence in Baltimore. 4

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Feb 2 1907

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo Command

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Teresa Riddle

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Command

(Address) 1925 Gough St

Filed 3/4 1907 HARRY O. ANDREWS, PUBLIC CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3 1907

I HEREBY CERTIFY, That I attended deceased from Feb 28 1907 to March 1907

that I last saw h... alive on March 1907

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate.)

1. Pneumonia Bronchial

(DURATION) 3 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. Wenstrom M.D.

Address 160 Bunting

Date March 3 1907

Place of Burial Holy Cross Cem.

Date March 4th 1907

Undertaker Jno A. Pinner

Address 1300 Gough St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. 98816

CERTIFICATE OF DEATH.

(Place of Death.) No. 741 Ryan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Harris

{ Residence, if in Baltimore, Give Street and Number. } Above

Duration of Residence in Baltimore. Life

B. 98816

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Wes Harris

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ealey Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wes H Harris

(Address) Ryan st

Filed 3/4 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1907

I HEREBY CERTIFY, That I attended deceased from As Above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 9.0 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus, Colitis

Diarrhea. -

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. W. Feldmeier M.D.

Address 211 W. Lombard

Date March 3 1907

Place of Burial Mt Auburn cemetery

Date March 4 1907

Undertaker Wes H. Hooper

Address 609 Little Pacart

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9882

CERTIFICATE OF DEATH.

93 ✓

(Place of Death.) No. 1421 Fairmount Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Girtie Dacks

{Residence, if in Baltimore, Give Street and Number.} 1421, Fairmount Ave

Duration of Residence in Baltimore. Life Time

B. 98817

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Benjaymon Dacks

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Mary Christian

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Dacks

(Address) 1421 Fairmount Ave

Filed 3/4 1907 EDGAR G. ADKINS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3rd 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 3rd 1907 that I last saw her alive on March 3. 1907 and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate) Pneumonia

(DURATION) 2d DAYS

Contributory (Primary.) Not Known

(DURATION) DAYS

(Signed) H. Flinder M.D

Address 1119 E. Balto. St

Date March 3 1907

Place of Burial Philips Rd Roosdale

Date Mar 4, 1907

Undertaker Max Leinwand

Address 1138 Low St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9881S

CERTIFICATE OF DEATH.

79 ✓

(Place of Death.) No. 619 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles T. Smith

{Residence, if in Baltimore, Give Street and Number.} 619 N. Bond St.

Duration of Residence in Baltimore. Life

D. 9881S

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Mar 25 1

AGE 62 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret McElwee

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Smith

(Address) 619 N. Bond st.

Filed 3/4 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 4 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 3.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) Jacob H. Carmen M.D.

Address Coroner

Date Mar. 4—07 1907

Place of Burial Baltimore

Date MAR 7 1907 190

Undertaker Chas. S. Fry

Address 1217 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

151

CERTIFICATE OF DEATH.

Place of Death.) No. 1331 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Annie Griffin & Clayton Jennings

{ Residence, if in Baltimore, Give Street and Number. } 1331 N. Carey St.

D. 9881

Duration of Residence in Baltimore. died in 1/2 hr. after birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Mar 2 1907

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Clayton Jennings

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Annie Griffin

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Griffin

(Address) 1331 N. Carey St

Filed 3/4 1907 HARRY O. ... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 3 1907

I HEREBY CERTIFY, That I attended deceased from March 3 1907 to March 3 1907 that I last saw h.. alive on March 3 1907, and that death occurred, on the date stated above, at 11.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature (6-7 months).

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm. H. Meighr M.D.

Address 1373 N. Carey St

Date March 4 1907

Place of Burial Mt. Zion Cemetery

Date Mar 5 1907

Undertaker W. W. Johnson

Address 1614 Bank St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of de...**

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1418 N Bruce St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Princess Holland

{Residence, if in Baltimore, Give Street and Number.} 1418 Bruce St

Duration of Residence in Baltimore. 2 yrs.

B. 9882D

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 2 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Holland

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Holland

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Watkins

(Address) 1418 N Bruce St

Filed 3/4 1907 CLERK OF ANSWERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch 3, 1907

I HEREBY CERTIFY, That I attended deceased from February 24 1907 to March 3 1907

that I last saw her alive on March 2 1907,

and that death occurred, on the date stated above, at 12:10 9 M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia.

(DURATION) 7 DAYS

Contributory (Primary.) Rickets

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date March 4 1907.

Place of Burial Mt Auburn Cem

Date Mar 5 1907

Undertaker Wm J Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

37 V

CERTIFICATE OF DEATH.

Registered No. B 98821

City of Baltimore, (No. 2013 N. Calvert St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs ~~Johnson~~ (Virginia) E Moore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb 23 1846 (Month) (Day) (Year)

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Salisbury Md

FULL NAME OF FATHER: Purnell R Jones

BIRTHPLACE OF FATHER (State or country): Salisbury Md

MAIDEN NAME OF MOTHER: Mattie J. Smith

BIRTHPLACE OF MOTHER (State or country): Salisbury Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Virginia Caldwell

(Address) 926 McCulloh st

Filed 3/4 1907

ELERT C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 61 1906 to March 1 1907

that I last saw h.. alive on March 2 1907.

and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Tuberculosis Pulmonary

(DURATION) ..... DAYS

Contributory Pneumonia in

Dec - 1906 (DURATION) ..... DAYS

(Signed) John S. Bishop M. D.

March 3 1907 (Address) 503 N. Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Salisbury Md

DATE OF BURIAL: March 6 1907

UNDERTAKER: E M Mitchell

ADDRESS: 1201 N Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 98822

15 V.

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 W Mulberry St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Wilhelmina Mattson

{Residence, if in Baltimore, Give Street and Number.} 115 W Mulberry St

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feby 5th 1907

AGE ..... years, ... months, 27 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Carl G. Mattson

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Wilhelmina Regina Rosell.

BIRTHPLACE OF MOTHER (State or country) Sweden

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carl G. Mattson

(Address) 115 Mulberry St

Filed 3/4 1907

HARRY C. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Monday March 4th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 6 1907 to March 4th 1907

that I last saw her alive on March 3 1907

and that death occurred, on the date stated above, at 6.45 A M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

Lifetime (DURATION) DAYS

Con'ributory (Primary) Inn Cancer of mouth

Pneumonia (DURATION) 2 DAYS

(Signed) ..... M.D.

Address 607 N. Charles St

Date March 4th 1907

Place of Burial London Park Cemetery

Date March 5th 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1124 Madison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Penelope Sweeny

{Residence, if in Baltimore, Give Street and Number.} 1124 Madison

Duration of Residence in Baltimore. 50 years

B 9882 3

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: about 76 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): " do

MAIDEN NAME OF MOTHER: " do

BIRTHPLACE OF MOTHER (State or country): " do

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Maud Rose

(Address) 1124 Madison ave

Filed 3/4 1907

HARRY O. ROBERTS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3/3 1907

I HEREBY CERTIFY, That I attended deceased from 2/20 1907 to 3/3 1907

that I last saw her alive on 3/2 1907

and that death occurred, on the date stated above, at 6 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Heart disease — Mitral Insuf —

(DURATION) 10 DAYS

Contributory (Primary) General breakdown (DURATION) 2 yrs Date

(Signed) Geo. A. Fleming M.D.

Address 1018 Madison ave

Date 3/3 1907

Place of Burial New Cathedral Cem

Date March 6th 1907

Undertaker Stewart & Mountain

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98821 Registered No. B 98824

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Schmidt.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STAUISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 31 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 3/4 1907 HARRY O. ASHBURN, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 28 1907 to March 1 1907

that I last saw him alive on March 1 1907,

and that death occurred, on the date stated above, at 10.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured skull at base & Frontal bones, Fractured femur, Syphilis DAYS

Contributory (Primary) Shock DAYS

and Exhaustion

(Signed) David A. Thompson M.D.
Bay View Hospital

Address .....

Date March 2 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Mar 2nd 1907

Undertaker Williams & Wooters

Address 1811 Aisquith

FOR ANATOMICAL PURPOSES

60

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 223 Pig alley 179

Full Name Frances Talver St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

{ Residence, if in Baltimore, Give Street and Number.. } do Talver

Duration of Residence in Baltimore. Life

B 9882

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: 1

AGE: ..... years 4 months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER: John Talver

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Rachal Brown

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachal Talver

(Address) 223 Pig al

Filed 3/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 10a.

P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Contributory (Primary.) ..... (DURATION) ..... DAYS

..... (DURATION) ..... DAYS

(Signed) A. D. Gilchrist M.D.

Address 711 N. Fremont Ave. No.

Date March 6 1907

Place of Burial COLLEGE OF P. & S.

Date MAR 2 1907 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

Registered No. B 98849

CERTIFICATE OF DEATH.

154

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm F. Summerville

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

B-98846

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Beh

DATE OF BIRTH: Feb. 17 1907

AGE: — years, — months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McClannahan

(Address) 2005 Madison Ave

Filed 3/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 18 1907 to March 4 1907

that I last saw h alive on Mar. 2 1907,

and that death occurred, on the date stated above, at 6

A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

Signed) Alexius McClannahan M.D.

Address 2005 Madison Ave

Date March 4 1907

Place of Burial Cathedral entry

Date March 5 9 AM 1907

Undertaker Felix O'Pue

Address 1128 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9882

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1047 Shields alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred Nicholson.

{Residence, if in Baltimore, Give Street and Number.} 1047 Shields alley.

Duration of Residence in Baltimore. 20 yrs.

0.9884

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: col.

DATE OF BIRTH: Sept 11 1

AGE: 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): A.A. Co. Md.

FULL NAME OF FATHER: Samuel Nicholson.

BIRTHPLACE OF FATHER (State or country): A.A. Co.

MAIDEN NAME OF MOTHER: Margaret Coutee

BIRTHPLACE OF MOTHER (State or country): Prince Georg Co.

OCCUPATION OF DECEASED: Stevedore.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Nicholson.

(Address) 1047 Shields Alley

Filed 3/4 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3rd 1907.

I HEREBY CERTIFY, That I attended deceased from 2/24 1907 to 3/3 1907: that I last saw him alive on 3/24 1907 and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

?

(DURATION) DAYS

Contributory (Primary.)

Consumption (DURATION) DAYS

(Signed) L. E. Conradi M.D.

Address 609 W. Franklin st.

Date 3/3. 1907

Place of Burial Patapsco Station Anne Arundel Co. Md

Date March 5th 1907

Undertaker Felix Pope.

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. 2 N. Caulton St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

CERTIFICATE OF DEATH.

61

Full Name Catherine Thompson

{Residence, if in Baltimore, Give Street and Number.} 2 N. Caulton St.

Duration of Residence in Baltimore. Life

B 98828

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: July 4 1905

AGE: — years 20 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: George Thompson.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Catherine Marion

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/4 1907

HARRY O. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March. 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 22nd 1907 to March 3 1907

that I last saw h Er alive on March 2nd 1907.

and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis (DURATION) 14 DAYS

Con'ributory (Primary.)

Exhaustion (DURATION) — DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caulton St.

Date March. 3rd 1907

Place of Burial Greenmount Cem-

Date March 4th 1907

Undertaker M Feaheny & Son

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 41 Union Ind Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Williams

{Residence, if in Baltimore, Give Street and Number.} 41 Union Ind. Asy

Duration of Residence in Baltimore. about 3 wks.

B 98829

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: about 1884

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): ~~Md.~~ N.Y.

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L C Mayle

(Address)

Filed 3/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 2, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 25 1907 to Mch 2 1907 that I last saw h[illegible] alive on Mch 2, 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) 1 DAYS

Contributory (Primary.) Nephritis 2

pregnancy (DURATION) DAYS

(Signed) E. L. Hayward M.D.

Address 1230 N Caroline St

Date 3 — 1907

Place of Burial St Peters Cem

Date March 4 th 1907

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Mt. Invet. Inf. asylum

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanche Bassett

{Residence, if in Baltimore, Give Street and Number.} Mt Invet Inf Asy.

Duration of Residence in Baltimore. Life

D 98830

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	Dec. 21, 1906
AGE	..... years, 2 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) M. V. I. Asy.

Filed 3/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 2, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1906 to Mch. 2, 1907 that I last saw h.r alive on Mch 1, 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward, M.D.

Address 1535 N Carrollton Av.

Date 3 - 2 - 1907

Place of Burial New Cathedral

Date Mar - 4th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette ave.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Anderson

{Residence, if in Baltimore, Give Street and Number.} St. Infant Asy.

Duration of Residence in Baltimore. Lifetime

B 9863

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Jan. 29 1907

AGE ..... years, 1 month, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) York, Pa

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) .....

(Address) St. V. I. Asy.

Filed 3/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 1, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to Mch 1 1907 that I last saw h[illegible] alive on Mch 1 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1330 N Caroline

Date 3 2 1907

Place of Burial New Cathedral

Date Mar - 2nd 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Infant asylum, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vincent Smith

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Inf. asy,

Duration of Residence in Baltimore. Lifetime

B 9852

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	Dec. 5 1906
AGE	..... years, 2 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	"
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 3/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3 - 2 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to Mch 2 1907 that I last saw him alive on Mch 1 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline

Date 3 - 3 - 1907

Place of Burial New Cathedral

Date Mar 4th 1907

Undertaker Martin Fahey & Sons

Address 6 De Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

Place of Death.) No. St Vinct. Infant asylum. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Mount

{ *Residence, if in Baltimore, Give Street and Number.* } St Vinct. Inf. asylum

Duration of Residence in Baltimore. Lifetime

B98823

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F.	W.

DATE OF BIRTH Jan. 25, 1907

AGE ..... years, 1 month, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) C. Co

FULL NAME OF FATHER ✓

BIRTHPLACE OF FATHER (State or country) ✓

MAIDEN NAME OF MOTHER ✓

BIRTHPLACE OF MOTHER (State or country) ✓

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant .....

Address St. V. I. Asy.

Filed 3/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 1, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to Mch 1 1907

that I last saw h[illegible] alive on Mch 1 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St.

Date 3 - 2 - 1907

Place of Burial New Cathedral

Date Mar. 4th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B 98834

CERTIFICATE OF DEATH.

(Place of Death.) No. 505 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George M Beall

{Residence, if in Baltimore, Give Street and Number.} 505 Mosher St.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct 15 1861

AGE: 46 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Geo A Martin

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Coates

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. H Beall

(Address)

Filed 3/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to March 3 1907 that I last saw her alive on March 3 1907 and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebritis

(DURATION) 90 DAYS

Contributory (Primary) Carcinoma

stomach (DURATION) 1 year

(Signed) C Mitchell M.D.

Address 330 N. Charles St.

Date Feb 4 1907

Place of Burial New Cathedral

Date March 6th 1907

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

W.M. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98835

City of Baltimore, (No. 2411 N. Calvert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas S. McGarry

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 9 1906 (Month) (Day) (Year)

AGE: ..... years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Conn

FULL NAME OF FATHER: Thomas W McGarry

BIRTHPLACE OF FATHER (State or country): Conn

MAIDEN NAME OF MOTHER: Mary E. Rocke

BIRTHPLACE OF MOTHER (State or country): Mass

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Tho. W. Garry

Address: 2411 N. Calvert St

Filed 3/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 3 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 1907 to Mch 3 1907

that I last saw h[illegible] alive on Mch 3 1907,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Epilepsy

(DURATION) 1 DAYS

Contributory Status Lymphaticus

3 mos (DURATION) DAYS

(Signed) D MacLaurin M. D.

March 1907 (Address) 110 W Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross

DATE OF BURIAL: March 5 1907

UNDERTAKER: E A Weidefeld

ADDRESS: 1113 Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98836

City of Baltimore, (No. 2637 Boone St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Georgia Cooper

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: April 10 1849 (Month) (Day) (Year)

AGE: 65 years, 10 months, 27 days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Thomas Francis Martin

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary Pierce

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Allard

Address 419 Hollins St

Filed 3/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 3 (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to March 3rd 1907

that I last saw h[illegible] alive on Mar 3 1907,

and that death occurred, on the date stated above, at 7 25 AM. The CAUSE OF DEATH was as follows:

Paralysis & Congestion lungs

(DURATION) 7 DAYS

Contributory Dementia

7 years (DURATION) DAYS

(Signed) Andrew D. McBrian M. D.

Mar 4 1907 (Address) 416 E. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: March 6 1907

UNDERTAKER: E A Kidwell — ADDRESS: 2173 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

ts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

ECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of ysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 98837 47

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 Rock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis C. Mallonee

{Residence, if in Baltimore, Give Street and Number.} 231 Rock St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH 1

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) —

FULL NAME OF FATHER Lawrence Mallonee

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs Sadie Carr

Address 231 Rock St

Filed 3/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2nd 1907

I HEREBY CERTIFY, That I attended deceased from February 8 1907 to March 2nd 1907 that I last saw him alive on March 1st 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatism Articular

(DURATION) 18 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 4 DAYS

(Signed) Robt Gilmore, Jr M.D.

Address 510 N Fremont Ave

Date March 3rd 1907

Place of Burial Loudon Park Cem

Date March 5 1907

Undertaker Williams & Sexton

Address Undertakers

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1049 S. Howard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Hardman 6

{Residence, if in Baltimore, Give Street and Number.} 1049 S Howard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: June 15 1906

AGE: ..... years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Mason Hardman

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Annie Sanders

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hardman Mother

(Address) 1049 S Howard St

Filed 3/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 11.55 a.m. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo M Feinhardt M.D.

Address Coroner

Date March 2 1907

Place of Burial Mt. auburn ct.

Date March 4th 1907

Undertaker G. L. Brown & Son

Address 108 W. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98839

City of Baltimore, (No.) 637 W Franklin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret E Sauer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 21 1864
(Month) (Day) (Year)

AGE 42 years, 11 months, 10 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Andrew Sauer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Marie Quirk

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Saleslady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Sauer (Father)

(Address) 637 W Franklin

Filed 3/4 1907

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2d 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to March 2 1907 that I last saw h[er] alive on March 2d 1907, and that death occurred, on the date stated above, at 11.45 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Spine
(Cancer Metastases from Breast Cancer)

1 year (DURATION) DAYS

Contributory Cardiac Asthenia (DURATION) 14 DAYS

(Signed) Joseph Gichner M. D.

Feb 4 1907 (Address) 1516 Madison Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Cathedral Cemetery | DATE OF BURIAL March 6 1907

UNDERTAKER F. A. Krause & Bro | ADDRESS 703 Hanover

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

74

(Place of Death.) No. 419 Elm Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William M. Hopkins

{Residence, if in Baltimore, Give Street and Number.} 719 Elm place

Duration of Residence in Baltimore. 5 months

B 98840

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Levi Hopkins

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Emily Brah

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily Hopkins

(Address) 719 Elm place

Filed 3/5 1907 HARRY C. ARMES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 16 1907 to March 3 1907 that I last saw h[illegible] alive on March 3d 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate

Brain Tumor

5 weeks (DURATION) DAYS

Contributory (Primary.) Pressure on Brain (DURATION) DAYS

(Signed) Samuel A Bain M.D.

Address 629 W Biddle

Date March 4th 1907

Place of Burial Laurel Md

Date 3/5 1907

Undertaker Abel Thursby

Address 537 W Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be e duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate tting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

Place of Death.) No 1759 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James H. Ward.

{ Residence, if in Baltimore, Give Street and Number. } 1759 N. Gay St.

Duration of Residence in Baltimore. Lifetime

B 98841

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 26 1907

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James O. Ward.

BIRTHPLACE OF FATHER (State or country): Harford County Md.

MAIDEN NAME OF MOTHER: Lola R. Herrington

BIRTHPLACE OF MOTHER (State or country): Talbot County Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James O. Ward.

(Address) 1759 N. Gay St.

Filed 3/5 1907 HARRY C. ANIKER'S, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 4th 1907

I HEREBY CERTIFY, That I attended deceased from February 26th 1907 to March 4th 1907 that I last saw him alive on March 4th 1907, and that death occurred, on the date stated above, at 9.00 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary) Respiratory-failure

(DURATION) 1 DAYS

(Signed) John Davis M.D.

Address 2102 Oleam st

Date March 5th 1907

Place of Burial Mount Carmel.

Date March 5th 1907

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98842

City of Baltimore, (No. 1185 York Rd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grace L. Christie

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb (Month) 13 (Day) 1883 (Year)

AGE: 24 years, — months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: James Christie

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Caroline C Hall

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline C Christie

(Address) 1185 York Rd.

Filed 3/5 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to 3-3-07 1907

that I last saw h[er] alive on 3/3/07 1907,

and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

1 yr. (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) C. W. Chaddock M. D.

3/4/07 1907 (Address) 2631 York Rd

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Mch 6 1907

UNDERTAKER: Jos B Cook | ADDRESS: 103 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1225 Carroll Av. St.

If Death occurred in Hospital or institution give its Name instead of Street and Number

Full Name Alice A Beacham

{ Residence, if in Baltimore, Give Street and Number. } 1225 Carroll Av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 12 1874

AGE: 33 years, ... months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm Beacham

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Elizabeth C Ulman

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizab Beacham

(Address) 1225 Carroll Av

Filed 3/5 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 4 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to March 3 1907

that I last saw h[illegible] alive on March 3 1907,

and that death occurred, on the date stated above, at 8 05 A. M. CAUSE OF DEATH (Secondary, or Immediate)

Endocarditis

2 months (DURATION) DAYS

Contributory (Primary) Heart failure

6 hours (DURATION) DAYS

(Signed) J. E. Ulman M.D.

Address 355 Columbia Av

Date March 4 1907

Place of Burial Loudon Park

Date Mch 7 1907

Undertaker for B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

2 62

(Place of Death.) No. 1107 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleanora B Ard

{Residence, if in Baltimore, Give Street and Number.} 1107 W Lexington St

B 46813

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 25 1880

AGE: 26 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas L Trobler

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Louie Haine

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Ard

(Address) 1107 W Lexington

Filed 3/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 4 1907

I HEREBY CERTIFY, That I attended deceased from Feb 22 1907 to March 3 1907

that I last saw her alive on March 3 1907,

and that death occurred, on the date stated above, at 9 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Hemmahage from Gangrene

(DURATION) two DAYS

Contributory (Primary) Tuberculosis Gangrene (DURATION) 90 DAYS

(Signed) Walter A Cox M.D.

Address 1705 Hollins St

Date March 5 1907

Place of Burial Loudon Park

Date Mch 6 1907

Undertaker J & B Cook

Address 1023 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98845

City of Baltimore, (No. 416 N. Durham St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Carr

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: c

DATE OF BIRTH: ..... (Month) ..... (Day) 1900 (Year)

AGE: 6 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Daniel Carr

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Sarah Smith

BIRTHPLACE OF MOTHER (State or country): St Mary's Co

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Sarah Smith

Address: 416 N Durham St

Filed 3/5 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 9 1907 to Mar 3 1907 that I last saw h.. alive on Mar 1st 1907, and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

about (DURATION) 2 Weeks DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Walter W. White M. D.

Mar 6 1907 (Address) 1101 N-Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asbury C	Mar 6th 07
UNDERTAKER	ADDRESS
Wm J G Jackson	1421 Mullikin

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. 1120 Greenmount ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Mathilda Burger

{Residence, if in Baltimore, Give Street and Number.} 1120 Greenmount ave

Duration of Residence in Baltimore... 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 16th 1830

AGE: 76 years, 5 months, 19 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Louis Frederick

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred S. Burger

(Address) 1120 Greenmount ave

Filed 3/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4th 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to March 4 1907 that I last saw h[illegible] alive on March 4 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease (Valvular)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Pearce PEARCE M.D.

Address 1238 Eutaw

Date March 4 1907

Place of Burial Baltimore Cemetary

Date March 6th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

(Affadavit Corr.)

CERTIFICATE OF DEATH.

Registered No. B 98847

City of Baltimore, (No. 2918 Elliott St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Hemminger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Married) Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wm Hemminger

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Saloonkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary H Hemminger

(Address) 2918 Elliott

Filed 3/5 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from last Sept 1907 to March 4 1907

that I last saw him alive on March 3 1907,

and that death occurred, on the date stated above, at 12 10 A.M. The CAUSE OF DEATH was as follows:

Tuberculosis Pulmonalis

..... DURATION) ..... DAYS

Contributory .....

..... DURATION) ..... DAYS

(Signed) C. V. Atkey M. D.

March 4 1907 (Address) 2 Holmead

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: March 6 1907

UNDERTAKER: Wm Cook — ADDRESS: 502 E. Fayette St

WM. J. C. DULANY CO., Baltimore.

{Corrected March 9-1907 C affadavit}

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98348

City of Baltimore, (No. 106 LeCompte St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles H Wiegand

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: July (Month) 30 (Day) 1876 (Year)

AGE: 30 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Chas H Wiegand

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Newell

BIRTHPLACE OF MOTHER (State or country): Balt.

OCCUPATION OF DECEASED: Barkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Chas. Wiegand

(Address) 106 LeCompte St.

Filed 3/5 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1907 to March 4 1907

that I last saw him alive on March 1 1907,

and that death occurred, on the date stated above, at 2.55 A.M. The CAUSE OF DEATH was as follows:

Tubercle tuberculosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. J. Bueller M. D.

March 4 1907 (Address) 731 N. Hall

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cem

DATE OF BURIAL: March 6 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E. Madison

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 Registered No. B 98849

CERTIFICATE OF DEATH.

(Place of Death.) No. 1919 E Lombard St. If Death occurred in Hospital or Institution give its name instead of Street and Number.

Full Name Margaretha Lutz

{ Residence, if in Baltimore, Give Street and Number. } 1919 E Lombard

Duration of Residence in Baltimore. Life

B 98849

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1906

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Adam Kuhn

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Kuhn

(Address) 1919 E Lombert

Filed 3/5 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 .....

that I last saw ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... CAUSE OF DEATH (Secondary or Immediate)

Convulsions

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Thomas Sudlow M.D.

Address 320 N Macon St

Date ..... 190 .....

Place of Burial Holy Redeemer

Date Mar 6 1907

Undertaker Wendell Diffet Co

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 185 Brady Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henrietta P Harris

{Residence, if in Baltimore, Give Street and Number.} 186 Brady Ave Balto

Duration of Residence in Baltimore. 10 months B. 9880

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Nov 21st 1893

AGE: 13 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Henry Harris

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Elizabeth Jones

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Galbraith Darling

(Address) Laurel Md

Filed 3/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 4th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 25 1906 to Mar 4 1907

that I last saw h[illegible] alive on Mar 3 1907

and that death occurred, on the date stated above, at 1140 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

Six months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E Galbraith Darling M.D.

Address Laurel Md

Date Mar 4th 1907

Place of Burial Zion Cemetery Jokentown Md

Date March 6 1907

Undertaker Robert F Ellett

Address 506 Rogene Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98851

City of Baltimore, (No. 1908 Etting St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cordelia Louvenia Hunt

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Colored

DATE OF BIRTH: 2 (Month) 3 (Day) 1907 (Year)

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Morlecai Hunt

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Georgia Waters

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Shaw West

(Address) 1908 E. Monument

Filed 5/5 1907

HARRY O. ANDREWS, FIRST CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 3 1907 to May 3 1907

that I last saw h[illegible] alive on May 3 1907,

and that death occurred, on the date stated above, at 5:30 P.M. The CAUSE OF DEATH was as follows:

Broncho pneumonia

(DURATION) 3 DAYS

Contributory Carbon dioxide asphyxiation (DURATION) 1 DAYS

(Signed) C. Urbanowski M. D.

July 4 1907 (Address) 1918 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	May 5 1907
UNDERTAKER	ADDRESS
W. F. Elliott	506 Royden Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1619 Barnes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Kapralek

{Residence, if in Baltimore, Give Street and Number.} 1619 Barnes St

Duration of Residence in Baltimore. 14 yrs

D. 98852

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Alois Pousa

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Anna Plechova

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kapralek

(Address) 1619 Barnes st

Filed 3/5 1907 MATT O. [illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 4 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary) Cardiac Asthenia (DURATION) ..... DAYS

(Signed) Willard J Kramer M.D.

Address 2008 Aliceanna Ave

Date 3-4-07 1907

Place of Burial Holy Redeemer.

Date Mar. 6 1907

Undertaker Frank Brach

Address 1904 Ashland Ave

WM. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

Place of Death.) No. 225 N Bruce St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mashel Thomas Harris

{ Residence, if in Baltimore, Give Street and Number. } 225 N Bruce St.

Duration of Residence in Baltimore... Life

B78853

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: black

DATE OF BIRTH: Dec 16th 1902

AGE: 4 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 225 N Bruce St Balt

FULL NAME OF FATHER: John Harris

BIRTHPLACE OF FATHER (State or country): Va "

MAIDEN NAME OF MOTHER: Hattie Johnson

BIRTHPLACE OF MOTHER (State or country): Va "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Johnson Harris

(Address) 225 N. Bruce St

Filed 3/5 1907 Registrar

CLERK OF ANDREWS PARISH OFFICE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3rd 1907

I HEREBY CERTIFY, That I attended deceased from March 2nd 1907 to March 3rd 1907

that I last saw him alive on March 2nd 1907.

and that death occurred, on the date stated above, at 7½ A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Catarrh

(DURATION) 14 DAYS

(Signed) Egbert L. Mortimer M.D.

Address 125 N Fulton Ave

Date March 4th 1907

Place of Burial Mt Auburn

Date March 5th 1907

Undertaker Alford Freeland

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B .....

CERTIFICATE OF DEATH.

19 6

(Place of Death.) No. 318 Sycamore Ave St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Henry Garlick

{ Residence, if in Baltimore, Give Street and Number. } 318 Sycamore Ave

Duration of Residence in Baltimore. 36 Year B.9885H

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 25 1835

AGE 71 years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER James Garlick

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Charity Stevens

BIRTHPLACE OF MOTHER (State or country) Westminster Md

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza N Garlick

(Address) 318 Sycamore Ave

Filed 3/5/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 3 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1906 to March 3 1907

that I last saw h... alive on March 3 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) D H Smith M.D.

Address 206 S Eden

Date March 4 to 1907

Place of Burial Balto Cemetery

Date Mar 6 1907

Undertaker A S Abaugh

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 53855 — Registered No. B ..... 93 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 3437 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Harry C Clark

{Residence, if in Baltimore, Give Street and Number.} 2nd 3437 Cedar Ave

Duration of Residence in Baltimore. Life

B 98855

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mar 20 1869

AGE 37 years, [illegible] months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER Henry C Clark

BIRTHPLACE OF FATHER (State or country) Howard Co

MAIDEN NAME OF MOTHER Mary Tyler

BIRTHPLACE OF MOTHER (State or country) York Pa

OCCUPATION OF DECEASED Journal

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lillie Clark

(Address) 3437 Cedar Ave

Filed 3/5 1907 HARRY O. ANDREWS, FERRIT OLENA, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Feb 25 1907 to Mch 3rd 1907

that I last saw h[illegible] alive on Mch 3rd 1907, 10:30 A.M.

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Apnoea + Collapse

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm H. Feddeman M.D.

Address 800 1st Ave

Date Mch 4th 1907

Place of Burial Mt Olivet

Date Mch 5 1907

Undertaker D S Ulman Co

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98856

CERTIFICATE OF DEATH.

531

(Place of Death.) No. 2026 Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard Strauss

{ Residence, if in Baltimore, Give Street and Number. } 2026 Eutaw Place

B 98856

Duration of Residence in Baltimore...

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ... 1887

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Henry L. Strauss

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Julia Stern

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry L. Strauss

(Address) 2026 Eutaw Pl

Filed 3/5 1907 CLERK OF ARCHIVES PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3 1907

I HEREBY CERTIFY, That I attended deceased from June 1905 to March 3 1907 that I last saw h.. alive on Mch 2 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hodgkin's Disease

(DURATION) 2 years

Contributory (Primary.) Pneumonia

(DURATION) 1 day

(Signed) Calvin Fourchman M.D.

Address 1 W Franklin St

Date Mch 4 1907

Place of Burial Beth Jehoshua Cemetery

Date Mch 5 1907

Undertaker J. Shreyer & Co.

Address 1544 Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98857

City of Baltimore, (No. 1028 Leadenhall St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edella Kelly.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 12 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: .....

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Alonzo Kelley

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Sallie James

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alonzo. Kelley

(Address) 1028, Leadenhall St.

Filed 3/5 1907 HARRY C. ANDREWS, PERRY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 4th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 21st 1907 to March 4th 1907 that I last saw her alive on March 3rd 1907, and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Broncho-pneumonia

(DURATION) 11 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Wayland Willis M. D.

March 4th 1907 (Address) 810 Hamburg St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. auburn — DATE OF BURIAL: March 6 1907

UNDERTAKER: G. L. Brown & Son — ADDRESS: 108 W Monto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98858

W. Lexington

Registered No. B.....

City of Baltimore, (No. 1418 ~~Eutaw~~ St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis Beaman

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)	
AGE: 44 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Abr Russia
FULL NAME OF FATHER	Abr Beaman
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Optician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Beaman

(Address) 1418 W Lexington

Filed 3/5/1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 4 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 27 1907 to March 4 1907

that I last saw h[e] alive on March 3 1907,

and that death occurred, on the date stated above, at 9.45 A.M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

..... (DURATION) ? DAYS

Contributory Bronchopneumonia

& Uraemia of Coma (DURATION) 6 DAYS

(Signed) Francis J. Smith M.D.

March 4 1907 (Address) 1126 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Dietz Chas Cem	March 5 1907
UNDERTAKER	ADDRESS
Louis Sondheim	922 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1608 E Lanvale St. (If Death occurred in Hospital or institution give its Name instead of Street and Number.)

Full Name Mrs Eliza Duff

{Residence, if in Baltimore, Give Street and Number.} 1608 E. Lanvale

Duration of Residence in Baltimore.

B. 98859

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Sept 15 185[illegible]

AGE 56 years, ___ months, ___ days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Mrs Scott

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Ann Gittings

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED ___

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Keigler

(Address) 1608 E Lanvale

Filed 3/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3rd 1907

I HEREBY CERTIFY, That I attended deceased from January 18th 1907 to March 3rd 1907

that I last saw h[illegible] alive on March 3rd 1907,

and that death occurred, on the date stated above, at 9.20 P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia (general)

(DURATION) DAYS

Contributory (Primary.) Comp. fract. both bones left leg

(DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St. Joseph's Hospital

Date 3/4/07 190

Place of Burial Dale Cemetery

Date Mar 6 190 7

Undertaker Robt J Turner

Address Asbury. Dalein

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

93

(Place of Death.) No. John Driscall St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name 47 S Carrollton Ave

{Residence, if in Baltimore, Give Street and Number.} 47 South Carrollton

B. 98860

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	White
DATE OF BIRTH	[illegible] 1907.
AGE	52 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Cork. Ireland
FULL NAME OF FATHER	John Driscall
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Ellen Sullivan.
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. D. Driscoll M.D.

(Address) 47 S. Carrollton Ave

Filed 3/5/07 190 ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3. 1907.

I HEREBY CERTIFY, That I attended deceased from Feb. 28. 1907 to March 3 1907.

that I last saw him alive on March 3 1907.

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Double Pneumonia.

(DURATION) 4. DAYS

Contributory (Primary) Pulmonary Oedma (DURATION) 7. DAYS

(Signed) M. A. O'Neill M.D.

Address 1322 Hollins St.

Date March. 4/07. 190...

Place of Burial New Cathedral

Date March 6th 190 7

Undertaker John J. Cowan

Address 901 Hollins St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, to furnish within ***eighteen hours after death***, to the Undertaker, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 434 Harford Road St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas G. Cunningham

{ Residence, if in Baltimore, Give Street and Number. } 434 Harford Road.

Duration of Residence in Baltimore. Life

B. 948401

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 28th 1905

AGE 1 years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Charles J. Cunningham

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Lidia May Daily

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Chas J. Cunningham

(Address 434 Harford Road.

Filed 3/5 1907 HARRY C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15 1907 to March 4 1907

that I last saw him alive on March 4 1907,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 14 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) R. M. Cloud M.D.

Address 1211 Harford ave

Date March 4 1907

Place of Burial Baltimore Cemetery

Date MAR 6 - 1907 190

Undertaker WILLIAM H. HIGDON.

Address 851 LINDEN AVE

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

114

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin Davidson

{ Residence, if in Baltimore, Give Street and Number. } Pearson Drive Asheville N. C.

Duration of Residence in Baltimore.

B. 98862

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Asheville N. C.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo R. McCleary

(Address) John Hopkins Hospital

Filed 3/5 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 7 1907 to March 5th 1907 that I last saw h[im] alive on March 5th 1907, and that death occurred, on the date stated above, at 2.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Abscess of Liver

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. St. Richardson M.D.

Address Johns Hopkins Hospital

Date 3/5 1907

Place of Burial Asheville N. C.

Date MAR 5 1907 190

Undertaker Wm. J. C. Dulany Co.

Address 321 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2020 Wilhelm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Webster Crooke

{Residence, if in Baltimore, Give Street and Number.} 2020 Wilhelm st.

Duration of Residence in Baltimore. Life-time B. 98403

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 27th 1907

AGE: 0 years, 0 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Geo. W. Crooke

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Isabelle Wells Campbell ~~Crooke~~

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Crooke

(Address) 2020 Wilhelm st.

Filed 3/5-07 HARRY C. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 4th 1907 to Mar 5th 1907 that I last saw him alive on Mar 4th 1907, and that death occurred, on the date stated above, at 2.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Tetanus

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. A. Knott. M.D.

Address 1727 W. Lombard st.

Date March 5th 1907

Place of Burial Loudon Park

Date March 5 1907

Undertaker Wm. Geo P. Paulus

Address 201 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98864

CERTIFICATE OF DEATH.

196

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lawrence Kerner

{ Residence, if in Baltimore, Give Street and Number. } 1134 W. Pratt St

Duration of Residence in Baltimore Life

B 98864

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: W. White
DATE OF BIRTH: 1	
AGE: 54 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Machinist —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Kerner

(Address) 1134 W. Pratt St.

Filed 3/5/ 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 3d 1907

I HEREBY CERTIFY, That I attended deceased from Sudden Death 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock from loss of blood - Crushed in machinery

(DURATION) DAYS

Contributory (Primary.) Accident

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 121 N. Carrollton

Date Mar. 4, 1907.

Place of Burial New Cathedral Cemetery

Date March 7. 1907

Undertaker Mrs Geo P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98865

City of Baltimore, (No. 1412 N Gilmor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaretta Marcheim

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: April (Month) 30 (Day) 1906 (Year)

AGE: ..... years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): 1412 N. Gilmor st

FULL NAME OF FATHER: Samuel Marcheim

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margaretta Lenbrios

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel H. Marcheim

(Address) 1412 N. Gilmor st

Filed 3/5 1907

HARRY C. ARMES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1906 to March 4 1907 that I last saw h-er alive on March 4 1907, and that death occurred, on the date stated above, at 2:30 P. M. The CAUSE OF DEATH was as follows:

Intestinal inflimation

(DURATION) 2 weeks DAYS

Contributory Error in feeding

(DURATION) ..... DAYS

(Signed) Clandestine Sphes M. D.

March 4 1907 (Address) 16 S Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Leadon Park Cemetery — DATE OF BURIAL: Mar 6 1907

UNDERTAKER: Bertram W Lore — ADDRESS: 1723 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1625 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Clay

{Residence, if in Baltimore, Give Street and Number.} 1625 St & E Ann St

Duration of Residence in Baltimore. Life B. 98866

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 35 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Jac. Clay	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Anna K. Clay	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. Clay

(Address) 1625 Hanover St

Filed 3/5 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 4th 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 30th 1906 to Mar 4 1907 that I last saw him alive on Mar 4th 1907, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

E. Pneumonia

(DURATION) DAYS

Contributory (Primary) Acute Pneumonia

Phthisis (DURATION) DAYS

(Signed) Herman Guernsey M.D.

Address 1937 Baltimore Ave

Date March 5th 1907

Place of Burial Mount Carmel

Date Mar 6th 1907

Undertaker St Nicholas & Son

Address 1820 Banton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

15-0V

(Place of Death.) No. 417 S. Durham St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant of John and Mary Donovan

{Residence, if in Baltimore, Give Street and Number.} 417 S. Durham.

Duration of Residence in Baltimore. Life. B-98467

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar. 3rd 1907

AGE — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto Co.

FULL NAME OF FATHER John Donovan.

BIRTHPLACE OF FATHER (State or country) Balto Co.

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) Balto Co.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josh Miller

(Address) 417 S. Durham

Filed 3/5 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 5th 1907

I HEREBY CERTIFY, That I attended deceased from March 5th 1907 to March 5th 1907 that I last saw h[illegible] alive on March 5th 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Malformation of Heart.

(DURATION) DAYS

Contributory (Primary.) Congenital Malformation of Heart.

(DURATION) DAYS

(Signed) Herman J. Suering M.D.

Address 1937 Eastern Ave

Date March 5th 1907

Place of Burial Most Holy Redeemer

Date March 6th 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his practice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1st Hosp., Bond & Wards St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Griffin

{ Residence, if in Baltimore, Give Street and Number. } 632 N. Biddle St.

Duration of Residence in Baltimore, life

B 98868

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR ed

DATE OF BIRTH 1

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Basil Griffin

BIRTHPLACE OF FATHER (State or country) Westminster Md

MAIDEN NAME OF MOTHER Eliza Dorsey

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Elevator boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Griffin

(Address) 88

Filed 3/5 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 4, 1907.

I HEREBY CERTIFY, That I attended deceased from Mar 4th death 1907

that I last saw h alive on 1907;

and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Elevator accident (DURATION) DAYS

(Signed) Benj: O Harden M.D.

Address 216 N. Carolina Ave

Date Mar. 5 1907

Place of Burial Winchester Cem

Date 3/6 1907

Undertaker Alex Hensley

Address 578 W Biddle

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2032 Gough St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rupert L. Green

{ Residence, if in Baltimore, Give Street and Number. } 2032 Gough St.

Duration of Residence in Baltimore. Life

B 98869

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH March 14th 1902

AGE 4 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm F. Green

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Lilly F. Bucher

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Wm F. Green

(Address) 2032 Gough St

Filed 3/6 1907 HARRY C. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1907

I HEREBY CERTIFY, That I attended deceased from March 4th 1907 to March 5th 1907

that I last saw him alive on March 5th 1907,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M J Gately M.D.

Address 111 S Broadway

Date March 6th 1907

Place of Burial St. Mathews Cemetery

Date March 6th 1907

Undertaker H. SANDER & SONS.

Address 1708-1710 Caton Avenue. Cor. Gilmor St.

4 S M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98870

City of Baltimore. (No. 305 N. Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Andrew & Cora Bayer

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: White

DATE OF BIRTH: March 1st (Month) (Day) 1907 (Year)

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Andrew Bayer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Cora Bayer

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Bayer

(Address) 305 N. Mount St

Filed 3/6 1907 HARRY C. [illegible], PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 5 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 3 1907 to March 5 1907 that I last saw her alive on March 5 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Intestinal Obstruction

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) C. F. Mulholland M. D.

1907 (Address) 115 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: Mar. 6 1907

UNDERTAKER: G. F. Walker

ADDRESS: 723 W. Lafayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registrar's No. B 48971

925

CERTIFICATE OF DEATH.

(Place of Death.) No. #1613 Walker St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert M. Abel

{Residence, if in Baltimore, Give Street and Number.} 1613 Walker St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 16th 1905

AGE 1 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Adam Abel Sr.

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie E. Boss

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Abel Sr.

(Address) 1613 Walker

Filed 3/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 28th 1907 to Mar. 5th 1907 that I last saw him alive on Mar 4th 1907, and that death occurred, on the date stated above, at 6.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchs Pneumonia

(DURATION) 10 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E B Boston M.D.

Address 1711 E Baltimore St

Date Feb. 8th 1907

Place of Burial ~~Balto~~ Loudon Park Cem.

Date 3/7/07 1907

Undertaker Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 98672

CERTIFICATE OF DEATH.

(Place of Death.) No. #1236 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Dolmida

{Residence, if in Baltimore, Give Street and Number.} #1236 Jackson St.

Duration of Residence in Baltimore. Life time B 98672

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH April 22nd 1883

AGE 23 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Manuel Dolmida

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Theresa

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Bettaglatta

(Address) 1236 Jackson

Filed 3/6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1907

I HEREBY CERTIFY, That I attended deceased from Feb 27 1907 to March 5 1907

that I last saw him alive on March 4 1907.

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 17 DAYS

Con ributory (Primary)

Asthenia (DURATION) 1 DAYS

(Signed) Anthony L. Ridolfi M.D.

Address 827 Aisquith St

Date March 5 1907

Place of Burial St. Vincents Lem.

Date 3/7/07 190

Undertaker J. Herring & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

(Place of Death.) No. 518 Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Smith

{Residence, if in Baltimore, Give Street and Number.} 518 Exeter St

Duration of Residence in Baltimore.....

B 98974

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hester Daugherty

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Smith

(Address) 518 Exeter st

Filed 3/6 1907

EARNEST C. KNOX

FERNEY C. KNOX Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1907

I HEREBY CERTIFY, That I attended deceased from Feb 12 1907 to March 4 1907

that I last saw h.. alive on March 3 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hydrothorax

(DURATION) 17 DAYS

Contributory (Primary.) Endocarditis several months

(DURATION) — DAYS

(Signed) H. E. Harris M.D.

Address 1344 Druid Hill Ave

Date March 6 1907

Place of Burial Laurel Cemetery

Date March 6 1907

Undertaker R. S. Gilliard

Address 506 Rayner Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 310 E Wd. 1/2 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Lee

{Residence, if in Baltimore, Give Street and Number.} 310 2 1/2 St,

Duration of Residence in Baltimore: about 40 years

B 98873

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Unknown

AGE about 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Lee

(Address) 415 Twenty third Ste

Filed 3/6 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 16 1907 to March 4 1907 that I last saw h[illegible] alive on March 3 1907, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis (Duration)

From Tubercular Ulceration of Larynx & Lungs (DURATION) 19 DAYS

Contributory (Primary.) Tuberculosis of Lungs (DURATION) 6 Mo. DAYS.

(Signed) Livingston Barclay M.D.

Address 1 West Gilford Ave

Date March 5th 1907

Place of Burial Laurel

Date March 6 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

99 V

(Place of Death.) No. 208 Myrtle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jannie Butler

{ Residence, if in Baltimore, Give Street and Number. } 208 Myrtle Ave

D-98875

Duration of Residence in Baltimore. 42 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 71 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jacob Fredericks

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Heather Dorsey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Nurse Maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 208 Myrtle Ave

Filed 3/6 1907 HARRY C. WILKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4th 1907

I HEREBY CERTIFY, That I attended deceased from March 3d 1907 to March 4th 1907

that I last saw h[illegible] alive on March 4 1907

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of Lungs

(DURATION) 2 DAYS

Contributory (Primary.) Bronchitis

(DURATION) yrs ~~mos.~~

(Signed) J. Marcus Langsdale M.D.

Address 430 N. Biddle Street

Date March 5th 1907

Place of Burial Laurel Cemetery

Date March 7 1907

Undertaker R. McAllister

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 98876

CERTIFICATE OF DEATH.

(Place of Death.) No. 24 Washington st Homestead St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barnard C Effle

{Residence, if in Baltimore, Give Street and Number.} 24 Washington street

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal | COLOR: Whit

DATE OF BIRTH: Dec 23 1904

AGE: 2 years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Effle

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mary Burning

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father John Effle

(Address) 24 Washington st

Filed 3/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 5 1907 that I last saw him alive on March 5 1907, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H Young Westbrook M.D.

Address 217 Goldsmith ave

Date February 5 1907

Place of Burial Holy Redeemer Cemetery

Date March 7 1907

Undertaker Henry Nocks Sons

Address 1301 E Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

CERTIFICATE OF DEATH.

Registered No. B 98872

City of Baltimore, (No. 424 N. High St.; 5 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George McTavish

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: about 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw Toulson

(Address) 1422 Penna ave

Filed 3/6 1907 HARRY C. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from [illegible] Death 190 to ..... 190 .....

that I last saw h ..... alive on ..... 190 ....,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Chronic Diarrhoea

Exhaustion

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Benj. D. Hayden Coroner M. D.

March 1 1907 (Address) 1216 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Cemetery — DATE OF BURIAL: March 6 1907

UNDERTAKER: John E. Haugh Co — ADDRESS: 1422 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 9 98818 Registered No. B

CERTIFICATE OF DEATH.

98878
114 ✓

(Place of Death.) No. 1738 Nth Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Same~~ Infant of Catherine Krumholtz Henry Krumholtz

{Residence, if in Baltimore, Give Street and Number.} No 1738 Nth, Calhoun St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: March 2nd 1907

AGE: X years, X months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: X

BIRTHPLACE (State or country): X

FULL NAME OF FATHER: Henry Krumholtz

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Catherine Mikus

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Krumholtz

(Address) 1738 N Calhoun St

Filed 3/6 1907 Registrar

HEALTH DEPT. RECORDS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 5th 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to March 5 1907 that I last saw h[er] alive on March 5 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

1. Hepatitis, with Cardiac complications

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos A. Milliman M.D.

Address No 2449 York Road

Date March 6th 1907

Place of Burial Loudon Park

Date March 6 1907

Undertaker John E Haupt

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98879

City of Baltimore, (No. 806, Donnelly's Alley St., 1st Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Georgianna White

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ✓

(Address) —

Filed Mch 6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw h alive on — 190—,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) — DAYS

Contributory —

(DURATION) — DAYS

(Signed) Benj. D. Hayden M. D. Coroner

Mar 4 1907 (Address) 1216 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

CORONER'S CLERK Commissioner Health,

DATE OF BURIAL MAR 5 - 1907 190

UNDERTAKER W Commissioner Health,

ADDRESS Health Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the said case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 311 King St

Full Name Magdeline Berrey

{ Residence, if in Baltimore, Give Street and Number. } 317 King St

Duration of Residence in Baltimore. 20 years

If Death occurred in Hospital or Institution give its Name instead of Street and Number.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fe

COLOR: Colored

DATE OF BIRTH:

AGE: 26 years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Ward

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Miss Bailey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Darr

(Address) 317 King St.

Filed 3/6 1907

[illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1907

I HEREBY CERTIFY, That I attended deceased from Feb 27 1907 to March 5 1907

that I last saw her alive on March 4 1907

and that death occurred, on the date stated above, at 4.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthma continued

Heart failure

Contributory (Primary) Heart (DURATION) 7 DAYS

(Signed) Dr. W. Kennard

Address 708 Eutaw St M.D.

Date March 6 1907

Place of Burial Laurel Cemetery

Date March 7 1907

Undertaker Isaac H. Frothingham

Address 609 Little Pacific

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 411 W Bares St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lily Smith

{Residence, if in Baltimore, Give Street and Number.} 411 W Bares St

Duration of Residence in Baltimore. Life time

B 9881

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1

AGE ~~1~~ years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sa

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lizzie Thomas

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

OCCUPATION OF DECEASED No

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Thomas

(Address) 411 W Barry St

Filed Mar 6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 4 1907

I HEREBY CERTIFY, That I attended deceased from Mar 3 1907 to Mar 4 1907 that I last saw h alive on Mar 3 1907, and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary) Bronchitis

(DURATION) 2 DAYS

(Signed) Harry Boyd M.D.

Address 62 Columbus

Date Mar 4 1907

Place of Burial Mt Auburn

Date March 6 1907

Undertaker Gar & Hooper

Address 609 E Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

6L

CERTIFICATE OF DEATH.

98882

Registered No. B

City of Baltimore, (No. 313 S. Washington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline M Dexel

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: July 1 (Month) (Day) 1 (Year)

AGE: 1 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Philip Dexel

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Jennie Blazer

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Dexel

(Address) 313 S. Washington St.

Filed 3/6 1907

W. H. C. HIGGS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 5th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 5th 1907 to March 5 1907

that I last saw her alive on March 5 1907 9.40

and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

measles

4 or 5 days (DURATION) DAYS

Contributory Pneumonia

3 days (DURATION) DAYS

(Signed) R T Hardy M. D.

March 6 1907 (Address) 1902 Bank St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Mar 6 1907

UNDERTAKER: Rundell Lippe & Co

ADDRESS: 332 S. Broadway

WM. J. C. DULANY CO., BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D 98882
98883

Registered No. B .....

City of Baltimore, (No. 928 Bruce St.; 23rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W. Durner.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: Oct. 11th 1872
(Month) (Day) (Year)

AGE: 35 years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced.

BIRTHPLACE (State or country): B.A.Co. Md.

FULL NAME OF FATHER: John F. Durner

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Lizzie Bayer.

BIRTHPLACE OF MOTHER (State or country): B.A.Co. Md.

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B Durner

(Address) 2414 Harford Ave

Filed 3/6 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 4th 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 28th 1907 to March 4th 1907 that I last saw h[illegible] alive on Feb 3rd 1907, and that death occurred, on the date stated above, at 9:35 P. M. The CAUSE OF DEATH was as follows:

Apoplexy.

(DURATION) DAYS

Contributory Acute Necrobalism

(DURATION) DAYS

(Signed) Henry Wade Lunds M. D.

March 5th 1907 (Address) 923 Leadenhall

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Marys Garden — DATE OF BURIAL: March 7th 1907

UNDERTAKER: J & F Pulbin — ADDRESS: Druid ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

98884

Registered No. B .....

City of Baltimore, (No. 2005 Boone St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Richards

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: Wht

DATE OF BIRTH: Oct (Month) 30th (Day) 1841 (Year)

AGE: 65 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joshua Allgire

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet Leist-

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lehas Richards

(Address) 2005 Boone St

Filed 3/6 1907

EARLY O. [illegible]
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 28 1907 to March 6 1907

that I last saw her alive on March 5 1907,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Pneumonia ..... (DURATION) 7 DAYS

Contributory acute Cardiac dilatation (DURATION) — DAYS

(Signed) Harry C Alg M. D.

Mar 6 1907 (Address) 340 Roland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hampstead Cemetery Carrollton Ave

DATE OF BURIAL: Mar 8 1907

UNDERTAKER: C A F Philbin

ADDRESS: 1711 Madison

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DE

(Place of Death.) No. 1213 North Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margrette Alice Veal

{Residence, if in Baltimore, Give Street and Number.} 1213 North Spring Street

B98885

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH March 5th 1907

AGE 5 mo 5 da years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Della Mills

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Veal

(Address) 1213 N. Spring St

Filed 3/6 1907 HARRY C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 22 1907 to March 5 1907

that I last saw her alive on March 4 1907

and that death occurred, on the date stated above, at 8.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Thrombosis

2 Months (DURATION) DAYS

Contributory (Primary.) Unknown

(DURATION) DAYS

(Signed) John H. Potts M.D.

Address 1120 N. Gay St

Date March 6 1907

Place of Burial Laurel Cemetery

Date March 7th 1907

Undertaker Theodore White

Address 1702 Gough Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEA...

(Place of Death.) No. 429 N Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Lawes

{Residence, if in Baltimore, Give Street and Number.} 429 N Dallas

Duration of Residence in Baltimore. Life

D98886

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH ..... 1...

AGE 85 years, + months, + days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Joshua Richards

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Dont Know

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marguett Brown

(Address) 429 N. Dallas St

Filed 3/6 1907

HARRY C. ADAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 3 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 .....

that I last saw h... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1115 M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Duration)

Contributory (Primary.) (Duration)

(Signed) [illegible] M.D.

Address Coroners Office

Date Mar 4 1907

Place of Burial Elvin Station Annapolis Co

Date Mar 7th 1907

Undertaker Wm J G Jackson

Address 1421 Mulliken St

WM. J. C. DULANY CO., BALTIMORE.

...EALTH... ...Baltimore.

Ward 1 98887 Registered No. B 98887

50 L

CERTIFICATE OF DEATH.

(Place of Death.) No. 2221 Calvert St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Hall

{Residence, if in Baltimore, Give Street and Number.} 2221 Calvert St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: November 8th 1848

AGE: 58 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Ger. W. Dorsey

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margaret Robinson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilson T. Hall

(Address) 2221 N. Calvert St.

Filed 3/6 1907 HARRY G. ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1907

I HEREBY CERTIFY, That I attended deceased from Feb 16 1907 to Mar 3 1907

that I last saw h... alive on Mar 3 1907,

and that death occurred, on the date stated above, at 1.37 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Coma

(DURATION) 2 DAYS

Contributory (Primary.) Diabetes

(DURATION) ... DAYS

(Signed) F. Kyle M.D.

Address 1608 Light St

Date Mar. 4 1907

Place of Burial Mt Carmel

Date March 6th

Undertak...

Address ...

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ... ***full name, sex, age, condition*** (whether married or single) of the person ... ***death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98855

City of Baltimore, (No. 2408 Riggs Ave East St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maggie Zutaut

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ Female

COLOR White

DATE OF BIRTH ..... (Month) Jan (Day) 31 1 (Year)

AGE 30 years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Frantz

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Lizzie Land

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Zutaut Jr.

(Address) 2408 Riggs Ave East.

Filed 3/6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 5th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 15 1907 to Mch 5th 1907

that I last saw her alive on Mch 4th 1907,

and that death occurred, on the date stated above, at 4.45 P.M. The CAUSE OF DEATH was as follows:

Acute Miliary Tuberculosis

First saw her for disease Feby 15th (DURATION) 21 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Clement S. Evans. M. D.

Mch 12 1907 (Address) 833 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL Baltimore Co. DATE OF BURIAL Mch 7 1907

UNDERTAKER Lowe & Son ADDRESS 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Charles Bolton.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

B 18869

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Samuel Bolton.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Louise B Steward

BIRTHPLACE OF MOTHER (State or country): Ohio.

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) amar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 3/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 5 1907

I HEREBY CERTIFY, That I attended deceased from 1-10 1907 to 3-5 1907

that I last saw him alive on 3-5 1907,

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia.

Chronic diffuse bright's.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) R R Norris M.D.

Address BAY VIEW ASYLUM.

Date 190

Place of Burial Greenmount Cem.

Date March 7 1907

Undertaker Wm Cook

Address 0026 Harford Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPT.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 98830

Registered No. B.....

City of Baltimore, (No. 1346 Division St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maggie Elcason

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: John Husselbaugh

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A. Elcason

(Address) 549 W Lafayette Ave

Filed 3/6 1907 HARRY D. ROBERTS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 3 (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to 3/6 1907

that I last saw h— alive on 3/5 1907,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis
Consumption

..... (DURATION) — DAYS

Contributory Lobar Pneumonia

..... (DURATION) 30 DAYS

(Signed) H. F. Barnes M. D.

3/6 1907 (Address) 1631 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Mch 8 1907

UNDERTAKER: Wm Cook & Co. ADDRESS: 605 E Madison

OFFICE OF REGISTRAR OF [illegible]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D.98891
988.1

Registered No. B

City of Baltimore, (No. 1910 West St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mildred Naomi Kraus

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ Female | COLOR White

DATE OF BIRTH Sept 13 1906
(Month) (Day) (Year)

AGE ..... years, 5 months, 23 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Wm Kraus

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Nellie Merkel

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelmina Kraus

(Address) 1910 West St

Filed 3/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAR 5 - 1907 190
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from MAR 5 - 1907 190 to MAR 5 - 1907 190,

that I last saw h~~e~~ alive on MAR 5 - 1907 190,

and that death occurred, on the date stated above, at 11.20 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) DAYS

Contributory

(DURATION) 3 DAYS

(Signed) Wm J Fellows M. D.

MAR 6 - 1907 190 (Address) N. E. Cor. Lafayette & Carrollton Aves

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL London Park Cemetery | DATE OF BURIAL March 8 1907

UNDERTAKER Geo Heinbach & Son | ADDRESS 647 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***forty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEA

(Place of Death.) No. 1203 N. Darlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William A. St. Rockstraw

{ Residence, if in Baltimore, Give Street and Number. } 1515 Patterson Ave.

B 98892

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 6 1906

AGE: 1 year, 1 month, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Ethal Rockstraw

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Rockstraw

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Rockstraw

(Address) 1202 Patterson Ave

Filed 3/6 1907

EARL O. ANDERSON
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6th. 1907.

I HEREBY CERTIFY, That I attended deceased from Feb 26th 1907 to March 6th 1907

that I last saw him alive on March 5th 1907,

and that death occurred, on the date stated above, at 10:45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchus Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Rubeola

(DURATION) 6 DAYS

(Signed) Wilbert G. Singewald M.D.

Address 1202 N. Patterson Park Ave.

Date March 6th. 1907

Place of Burial Garden Park,

Date Mar 8 1907

Undertaker Jeremiah Sylvester

Address 1600 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 766 N. Mulberry St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) St.

Full Name Milton Thomas

{Residence, if in Baltimore, Give Street and Number.} 766 w Mulberry

Duration of Residence in Baltimore. 35 years

B-98893

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick Md.

FULL NAME OF FATHER: Edward Thomas

BIRTHPLACE OF FATHER (State or country): Frederick Md.

MAIDEN NAME OF MOTHER: Martha Thomas

BIRTHPLACE OF MOTHER (State or country): Frederick Md.

OCCUPATION OF DECEASED: Porter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant (Next of Kin): Jennie E Thomas

Address: 766 W. Mulberry st

Filed: 3/6/07

HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 4 1907

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to Mar 4 1907

that I last saw h[illegible] alive on Mar 4 1907

and that death occurred, on the date stated above, at .....

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary oedema -

Cardiac Exhaustion.

Contributory (Primary.) (Remote Degree) Apoplexy - (DURATION) ..... DAYS

(DURATION) 96 DAYS

(Signed) Carter D Price M.D.

Address Balto City Hosp.

Date Mar 5 1907

Place of Burial Mt Auburn Cemetery

Date March 7th 1907

Undertaker Felix D Pye.

Address 1020 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be
y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his
to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate
forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person
d, and the ***cause and date of death.***

(Place of Death.) No. 1140 E. Lombard St. give No. of Street and Number

Full Name Jacat Kramer.

{ Residence, if in Baltimore, Give Street and Number. } 1140 E Lombard St

Duration of Residence in Baltimore. 19 years

D. 98894

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: 1858	
AGE: 48 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.	
BIRTHPLACE (State or country): Russia.	
FULL NAME OF FATHER: Louis Kramer	
BIRTHPLACE OF FATHER (State or country): Russia.	
MAIDEN NAME OF MOTHER: Fannie Ifft	
BIRTHPLACE OF MOTHER (State or country): Russia	
OCCUPATION OF DECEASED: Tailor.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: David Kramer

(Address): 1140 E. Lombard

Filed 3/6 1907

HARRY C. [illegible], PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 6 1907

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Mar 5 1907

that I last saw h[illegible] alive on Mar 5 1907

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) DAYS

Contributory (Primary) Tuberculosis

(DURATION) DAYS

(Signed) M.A. Weinberg M.D.

Address 742 W. Fayette St.

Date Mar. 6 1907

Place of Burial Mt. Olivet Cem.

Date March 7 1907

Undertaker Mof Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH

(Place of Death.) No. 1112 Homewood Ave St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Dorcas A. Sindall

{ Residence, if in Baltimore, Give Street and Number. } 1112 Homewood Ave

Duration of Residence in Baltimore. Life

B 98895

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Jan 5 — 1832

AGE 75 years, 2 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER David Sindall

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jane Conway

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua Sindall

Address 1112 Homewood Ave

Filed 3/6 1907 HARRY C. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Mar 4th 1907

that I last saw her alive on Mar 4th 1907

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Grippe & Exhaustion

Consequent thereto

(DURATION) 30 DAYS

Con'ributory (Primary.) Slight paralytic attack Jan 1st (DURATION) 10 DAYS

(Signed) Jno. Bowie Bayle M.D.

Address 1001 N. Calvert St.

Date March 6th 1907

Place of Burial St Mary's Govanstown

Date Mar 7 — 1907

Undertaker H. C. Wisdefeldt

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98896

City of Baltimore, (No. 1802 Baker St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Violetta Virginia Coggins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug (Month) 28 (Day) 1905 Year

AGE: 1 years, 6 months, 7 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Geo. W. Coggins

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Johanna Hohe

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Coggins.

(Address) 1802 Baker st

Filed 3/6 1907 HARRY C. ANDREWS, PERKIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 26 1907 to March 1907 that I last saw her alive on March 1907, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Cerebro Spinal Meningitis

(DURATION) 7 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Claude Stonesifer M. D.

3/6 1907 (Address) 1655 Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Co. | DATE OF BURIAL: March 7th 1907

UNDERTAKER: H. C. Crandell | ADDRESS: 914 Greenmount

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***forty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. ~~870 Lemon~~ 870 Lemon St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna Buxton

{ Residence, if in Baltimore, Give Street and Number. } abem

Duration of Residence in Baltimore. Life

B-98897

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 1st 1905

AGE 1 years, 2 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Clifton Buxton

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary Abell

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clifton Buxton

(Address) 870 Lemon st

Filed.

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1907

I HEREBY CERTIFY, That I attended deceased from As Known 190 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 12.30

11. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia, Tuberculosis

Contributory (Primary.) Tuberculosis (DURATION) ..... DAYS

(DURATION) ..... DAYS

(Signed) J. D. Gilbert Coroner M.D.

Address 711 W Lemmon

Date March 5 1907

Place of Burial Balto Cemetery

Date March 7 1907

Undertaker John J Bowman

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

988[illegible]

HEALTH [illegible]NT, CITY OF BALTIMORE.

[illegible]RAR OF VITAL STATISTICS.

NO PERM[illegible] OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

988[illegible]

Registered No. B.....

City of Baltimore, (No. Pleasant Mathews St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME 215 N Parrish Alley.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX: Fem.	COLOR: Col	DATE OF DEATH: March (Month) 4 (Day) 1907 (Year)
DATE OF BIRTH: ..... (Month) 1 (Day) 87 (Year)		I HEREBY CERTIFY, That I attended deceased from Feb 28 1907 to March 4 1907
AGE: 20 years, ... months, ... days		that I last saw her alive on March 3 1907,
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single		and that death occurred, on the date stated above, at 2.25 A. M. The CAUSE OF DEATH was as follows:
BIRTHPLACE (State or country): Md		Eclampsia
FULL NAME OF FATHER: Edward Mathews		Puerperal (DURATION) 2 DAYS
BIRTHPLACE OF FATHER (State or country): Md		Contributory: Obesity (DURATION) ..... DAYS
MAIDEN NAME OF MOTHER: Cecelia Jones		(Signed) A. F. Vondohlen M. D.
BIRTHPLACE OF MOTHER (State or country): Md		March 4 1907 (Address) 1635 N Fayette
OCCUPATION OF DECEASED: Housework		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Former or Usual Residence ..... How long at Place of Death? ..... Days
(Informant) [illegible]		Where was disease contracted, if not at place of death? .....
(Address) 215 N Parrish		PLACE OF BURIAL OR REMOVAL: [illegible] Cem.
Filed 3/6 1907	HARRY O. ANDREWS, PARKIE CLERK ..... Registrar	DATE OF BURIAL: 190
		UNDERTAKER: [illegible]
		ADDRESS: [illegible]

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98899

City of Baltimore, (No. 106 N Patterson Park Av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME John T. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Richard Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Susan —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H C Hughes

(Address) [illegible] 17 S Broadway

Filed March 7 1907 — J. ANDREWS PERMIT CLERK — 66402 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5-16- 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 1 1907 to Mar 5 1907 that I last saw h[illegible] alive on Mar 4 1907, and that death occurred, on the date stated above, at ..... A. M. The CAUSE OF DEATH was as follows:

Valvular Disease of Heart

(DURATION) 2 DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) Geo F Taylor M. D.

Mar 5 1907 (Address) 1263 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Mar 8 1907
UNDERTAKER	ADDRESS
H C Hughes	17 S Broadway

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

Registered No. B 98900

CERTIFICATE OF DEATH.

(Place of Death.) No. 202 N Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wife Sarah E Jones

{Residence, if in Baltimore, Give Street and Number.} 202 N Fulton Ave

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1822

AGE: 85 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Thomas S Jones

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Susan E Sutton

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas S Jones

(Address) 2122 Fulton Ave

Filed Mch 7 1907

WM. J. C. DULANY, CITY REGISTER

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 11 1907

I HEREBY CERTIFY, That I attended deceased from March 4th 1907 to March 5th 1907 that I last saw her alive on March 5th 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 16 hrs

Contributory (Primary.) Old Age

(DURATION) — DAYS

(Signed) Edward L. Mortimer M.D.

Address 1257 N Fulton Ave

Date March 5th 11 1907

Place of Burial Mt Carmel Cemetery

Date Mar 7th 1907

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B 98901

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No The Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hester Ford

{ Residence, if in Baltimore, Give Street and Number. } 1906 Druid Hill Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 5 1907

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Miss) Annie H Krause

(Address) Church Home & Inf

Filed Mch 7 1907

WM. C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1907

I HEREBY CERTIFY, That I attended deceased from Feb 22 1906 to March 5 1907

that I last saw her alive on March 5 1907,

and that death occurred, on the date stated above, at 5.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Central Apoplexy

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. Calvin M.D.

Address The Church Home & Infirmary

Date March 6 1907

Place of Burial Greenmount Cemetery

Date Mar 7th 1907

Undertaker C. E. Hughes

Address 175 Broad

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 98902 Registered No. B 98902

CERTIFICATE OF DEATH.

98902 91

(Place of Death.) No. 1311 N. Eden St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Dora Wese

{Residence, if in Baltimore, Give Street and Number.} 1311 N. Eden St.

Duration of Residence in Baltimore. 59 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE Twelve 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) Saxony, Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1311 N. Eden St

Filed 3/7 1907 HARRY C. AMBERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 27 1907 to March 3d 1907 that I last saw h-r alive on Mar 3d 1907 and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senilitas.

(DURATION) 21 DAYS

Con'tributory (Primary.) Bronchitis acute

(DURATION) 21 DAYS

(Signed) John N. Cuman M.D.

Address 1610 Gaulfinch

Date March 6. 1907

Place of Burial Holy Redeemer Cemetery

Date March 8 1907

Undertaker Henry Hock & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...t, City of Baltimore.

Ward 10 Registered No. B 98903

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 21 Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Michael Mc Guire

{Residence, if in Baltimore, Give Street and Number.} 1005 Wilcox St

Duration of Residence in Baltimore. 42 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ... 1 ...

AGE 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) 1005 Wilcox St.

Filed 3/7/07 HARRY C. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden.

Jumped off of Porch

& fell about 10 feet

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Fredk Cummett M.D.

Address Coroners Office

Date March 7 - 07 190

Place of Burial Holy Cross Cemetery

Date March 8th 1907

Undertaker Henry Hoeke Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***cause and date of death.***

Ward 10

Registered No. B 98904

CERTIFICATE OF DEATH.

(Place of Death.) No. 1037 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Stein

{Residence, if in Baltimore, Give Street and Number.} 1037 N. Gay St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug. 28th 1882

AGE: 24 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt. Md.

FULL NAME OF FATHER: Casper B. Stein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Zutz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Iron worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. F. Robinson M.D.

(Address) 837 N. Eutaw St.

Filed 3/7/07

HARRY C. [illegible]
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 13th 1907 to Feb. 15th 1907 that I last saw him alive on Feb. 15th 1907, and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Chr. Enlargement of Heart

Possibly 6 mos. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw St.

Date March 5th 1907

Place of Burial Holy Redeemer Cemetery

Date March 8th 1907

Undertaker Henry Hoeck & Son

Address 1307 E. Eager St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 98905 — Registered No. B 98905

CERTIFICATE OF DEATH.

24

(Place of Death.) No. 1420 N. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian Phillip Krueger

{Residence, if in Baltimore, Give Street and Number.} 1420 N. Bethel St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 24 1881

AGE: 25 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Krueger

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Helen Wirdsweamper

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Conductor on Cars

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1420 N. Bethel St.

Filed 3/8/07 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1 1907 to Mar 5 1907 that I last saw him alive on Mar 5 1907 and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

To my knowledge (DURATION) 30 DAYS

Contributory (Primary) Exhaustion

(DURATION) 30 DAYS

(Signed) A. M. Macdonald M.D.

Address 1540 N Broadway

Date Mar 6 1907

Place of Burial St. Alphonsus Cemetery

Date March 8 1907

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...City of Baltimore.

Ward 14 — 98906 — Registered No. B 98906

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Meyers

{Residence, if in Baltimore, Give Street and Number.} Sparrows Pt.

Duration of Residence in Baltimore. 2 wks.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Col.

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Edward H. Myers

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary E. Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Father Charles H Meyers

Address Sparrow Point

Filed 3/7 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1907

I HEREBY CERTIFY, That I attended deceased from Mch 1 1907 to Mch 5 1907

that I last saw h[illegible] alive on Mch 5 1907 8.30 P.M.

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Efficiency

Tuberculosis

Mitral Disease

Tuberculosis (DURATION) DAYS

Contributory (Primary) Tuberculosis (DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date March 5 1907

Place of Burial Asbury

Date March 7 1907

Undertaker P. A. Elliott

Address 902 Aisquith Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 7

98907

Registered No. B 98907

CERTIFICATE OF DEATH.

(Place of Death.) No. 1709 Lancaster St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie Dix

{Residence, if in Baltimore, Give Street and Number.} 1709 Lancaster St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 16 " 1884

AGE: 20 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: August Obrenta.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary. Urban.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antony Dix.

(Address) 1709 Lancaster St

Filed 3/7 1907

HARRY C. ARNOLD, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6, 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1907 to March 6 1907

that I last saw h[illegible] alive on March 5, 1907,

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Malaria

DURATION 12 DAYS

Contributory (Primary.)

DURATION DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date March 6, 1907

Place of Burial St Stanislaus.

Date Saturday March 9. 1907

Undertaker M. F. Sadowski.

Address 703 S. Amm St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...MENT, City of Baltimore.

Ward X 98908 Registered No. B 98908

93V

CERTIFICATE OF DEATH.

(Place of Death.) No. 315 N. Pine St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Charles Cade

{Residence, if in Baltimore, Give Street and Number.} 315 N. Pine St

Duration of Residence in Baltimore. Three Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — — 1885

AGE: 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Sumter S.C.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Jones.

(Address) 706 W. Mulberry St

Filed 3/7 1907 HARRY C. ARMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 24 1907 to March 5th 1907 that I last saw him alive on March 4th 1907 and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 10 DAYS

Contributory (Primary) Rheumatism (DURATION) 42 DAYS

(Signed) Edward McKenzie M.D.

Address 1339 N. North Ave

Date Ballot March 6th 1907

Place of Burial Not Known

Date (Mar) 1907

Undertaker P. J. Jones

Address 611 Ba...

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... 98909 Registered No. B 98909

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Foard

{Residence, if in Baltimore, Give Street and Number.} 1021 North Bond Street

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 8 1859

AGE: 47 years, 9 months, 26 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robt Foard

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Louisa Lancaster

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Foard

(Address) 1021 N. Bond St

Filed 3/7 1907

HARRY C. ARMSTRONG, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 6" 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15 1907 to March 6 1907 that I last saw him alive on March 6 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Colitis

General Infection

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. St. Richardson M.D.

Address Johns Hopkins Hospital

Date March 6 1907

Place of Burial Prrely. Cemetery (Govans)

Date March 10th 1907

Undertaker Henry Lutz

Address 1009 N Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 98910 Registered No. B 98910

CERTIFICATE OF DEATH. 98910

(Place of Death.) No. 212 Camden Lane — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Di Fatta. 9y

{Residence, if in Baltimore, Give Street and Number.} 212 Camden Lane.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH May 26th 1906

AGE — years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City.

FULL NAME OF FATHER Carmelo Di Fatta.

BIRTHPLACE OF FATHER (State or country) Italy.

MAIDEN NAME OF MOTHER Maria Grazzia Culotta.

BIRTHPLACE OF MOTHER (State or country) Italy.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Culotta.

(Address) 911 Penna Ave.

Filed 3/7/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3 - 6 - 1907

I HEREBY CERTIFY, That I attended deceased from 3 - 3 - 1907 to 3 - 6 - 1907 that I last saw h[illegible] alive on 3 - 6 1907, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure.

(DURATION) 2 DAYS

Contributory (Primary.) Bronchopneumonia (DURATION) 5 DAYS

(Signed) S. DeMarco M.D.

Address 1604 Linden Ave

Date 3 - 6 - 1907

Place of Burial St Vincents Cemy

Date March 7 1907

Undertaker Jos. Snyders, Jas

Address 217 S. Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... 98911 Registered No. B 98911

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1239 Myrtle ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name William Walker Golder

{Residence, if in Baltimore, Give Street and Number.} 1239 Myrtle ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Sept 6 1823

AGE: 83 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Archibald Golder

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Jane Butler

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Jane Golder

(Address) 1239 Myrtle ave

Filed 3/7/ 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 7 1907

I HEREBY CERTIFY, That I attended deceased from 3/6 27 1907 to March 7 1907

that I last saw h[illegible] alive on March 6 1907

and that death occurred, on the date stated above, at 2:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

old age

(DURATION) 11 DAYS

Contributory (Primary) Exhaustion (DURATION) 3 DAYS

(Signed) John B Hall M.D.

Address 647 N Eutaw st

Date March 7 1907

Place of Burial Greenmount Cemetery

Date March 9 1907

Undertaker Stewart & Mowen Co.

Address 15 & 217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 | 98912 | Registered No. B 98912

CERTIFICATE OF DEATH.

(Place of Death.) No. 537 N. Barre St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Child of Nannie & J. Wesley Scrivener

{Residence, if in Baltimore, Give Street and Number.} 537 N. Barre

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar 5 1907

AGE: ...years, ...months, 12 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: J. Wesley Scrivener

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Nannie Justis

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Wesley Scrivener

(Address) 537 N. Barre

Filed 3/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 6 1907

I HEREBY CERTIFY, That I attended deceased from Mar 5 1907 to Mar 6 1907

that I last saw h.r alive on Mar 6 1907

and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary, or Immediate.)

Premature birth:

Of about one month

(DURATION) DAYS

Con'ributory (Primary.) Placenta Praevia

(DURATION) DAYS

(Signed) Frances A. Carbaugh M.D.

Address Bellevue Franchise

Date Mar 6 1907

Place of Burial Lorraine Cem

Date March 7 1907

Undertaker Wm J Tuckerlow

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 — 98913 — Registered No. B 98913

CERTIFICATE OF DEATH.

(Place of Death.) No. 3 N. Amity St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel Ulman

{Residence, if in Baltimore, Give Street and Number.} Above

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Mayer Boyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elisabeth Rice

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Ulman

(Address) 3 N Amity St

Filed 3/7/07 — HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6th 1907

I HEREBY CERTIFY, That I attended deceased from Mch 1907 to Mch 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

one & 5 yrs

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Ehrhart M.D.

Address 211 W. Lanvale

Date March 6th 1907

Place of Burial Ohev Shalom

Date Mch 7/0 1907

Undertaker Ward & Sondheim

Address 923 Eutaw

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...EALTH DEPARTMENT, City of Baltimore.

Ward 14 — 98914 — Registered No. B 98914

166

CERTIFICATE OF DEATH.

(Place of Death.) No. near Clinton & Boston sts St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

on P Co & W R R

Full Name Wesley Ballad

{Residence, if in Baltimore, Give Street and Number.} 514 N Mechanic st

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): dont no

FULL NAME OF FATHER: dont no

BIRTHPLACE OF FATHER (State or country): dont no

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): dont no

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Williams

(Address) 546 due Mechanic st

Filed 3/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

by lung trouble

by bad bar

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Compton M.D.

Address 320 ½ Lemmon st

Date ... 190 ...

Place of Burial Mt auburn Cemetery

Date March 8 1907

Undertaker John H Stadwin

Address 142 N Hill st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and ***the cause and date of death.***

...DEPARTMENT, City of Baltimore.

Ward 1

98915 Registered No. B 98915

CERTIFICATE OF DEATH.

119 V

(Place of Death.) No. 707 8 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. J. Davis

{Residence, if in Baltimore, Give Street and Number.} 707 8 E Eager

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Age 2 1865

AGE 42 years, ... months ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Va Balto

FULL NAME OF FATHER Benjamin F Davis

BIRTHPLACE OF FATHER (State or country) Elizabeth City N. C.

MAIDEN NAME OF MOTHER Annie C Wilson

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Coach Smith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur C Davis

(Address) 707 8 E Eager.

Filed 3/7/07 HARRY C. ... PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to March 5th 1907

that I last saw him alive on March 4th 1907

and that death occurred, on the date stated above, at 6 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 7 DAYS

Con'ributory (Primary) Eclampsia

(DURATION) 2 DAYS

(Signed) ... M.D.

Address 707 E Eager St

Date March 6th 1907

Place of Burial Baltimore City

Date Mar 7 1907

Undertaker Robt Johnson

Address Pray. Talbot

V

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 98916 — Registered No. B 98916

CERTIFICATE OF DEATH.

(Place of Death.) No. 1522 W Balto st — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Joseph F Healy

{Residence, if in Baltimore, Give Street and Number.} 1522 W Balto st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Jan 14 1903

AGE: ..... years, 1 months, 19 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Michael E Healy

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Katie McAuliffe

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael E Healy

(Address) 1522 W Balto st

Filed 3/7 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 6 1907

I HEREBY CERTIFY, That I attended deceased from Jan 5 1907 to Jan 6 1907 that I last saw h[illegible] alive on Jan 7 1907, and that death occurred, on the date stated above, at 3 P M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

Two days (DURATION) DAYS

Contributory (Primary) Asthenia (DURATION) DAYS

(Signed) John E Conway M.D.

Address 1302 W Lombard

Date Jan. 6 1907

Place of Burial New Cathedral

Date March 8th 1907

Undertaker John Howard

Address 401 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th 98917 Registered No. B 98917 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 E Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mona Cooper

{Residence, if in Baltimore, Give Street and Number.} 626 E Fort ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 21st 1906

AGE ..... years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) — City

FULL NAME OF FATHER Jno T Cooper

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Matilda Warner

BIRTHPLACE OF MOTHER (State or country) Boston

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 626 E Fort ave

Filed 3/7/07 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1907

I HEREBY CERTIFY, That I attended deceased from Feby 14 1907 to March 5 1907 that I last saw her alive on 3/5 1907, and that death occurred, on the date stated above, at 9.40 P M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 20 DAYS

Contributory (Primary) Peritonitis

(DURATION) DAYS

(Signed) L J Burlington M.D.

Address 626 E Fort ave

Date 190

Place of Burial Balto Cem

Date March 8 1907

Undertaker E Nash

Address 115 E Mad st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 98948

Registered No. B.....

City of Baltimore, (No. 1722 W Pratt St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura V Fogwell (Fogwell)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 21 1887
(Month) (Day) (Year)

AGE 19 years, 3 months, 13 days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Chestertown Md

FULL NAME OF FATHER Aquilla Fogwell

BIRTHPLACE OF FATHER (State or country) Kent Co Md

MAIDEN NAME OF MOTHER Emily E Lusby

BIRTHPLACE OF MOTHER (State or country) Kent Co Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aquilla Fogwell

(Address) 1722 W Pratt St

Filed 3/7 1907

DEPT OF HEALTH
REGISTRAR OF VITAL STATISTICS
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 5, 1907 to March 6. 1907 that I last saw her alive on March 6 1907, and that death occurred, on the date stated above, at 1.15 A.M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) one DAYS

Contributory Obstinate Constipation

(DURATION) 4 DAYS

(Signed) D. C. Smithsimal M. D.

March 6 1907 (Address) 1322 W Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Mar 8 1907

UNDERTAKER J. E. Cook | ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98919

City of Baltimore, (No. 1015 W. Baltimore St.) (Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine L. Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec (Month) 26 (Day) 1827 (Year)

AGE: 79 years, 2 months, 9 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John H. Cook

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Clara Eduen

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hasser

(Address) 1015 W Baltimore

Filed 3/7 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 6th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1906 to March 6th 1907 that I last saw her alive on March 6 1907, and that death occurred, on the date stated above, at 5-45 P. M. The CAUSE OF DEATH was as follows:

Organic disease of Heart

(DURATION) 4 months

Contributory Heart Paralysis

(DURATION) 1 DAYS

(Signed) C. H. H. Hurand M. D.

March 6 1907 (Address) 702 W. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Mch 190 7

UNDERTAKER: For B Cook | ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 98920 Registered No. B 98920

CERTIFICATE OF DEATH.

(Place of Death.) No. 2024 Keyser St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Melvin LeMoyne

{Residence, if in Baltimore, Give Street and Number.} 2024 Keyser.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B

DATE OF BIRTH: 1

AGE: X years, 3 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Herman Lemoyne

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: E Lamie Jackson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Lamie Jackson

(Address) 2024 Keyser st

Filed 3/7/07 MARY C. ARMIGER, PARTY CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 7 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 6½ A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsion (Sudden)

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Fredk Carullo M.D.

Address Coroners office

Date Mar. 7 — 07 190...

Place of Burial: Mt Olivet Cemetery

Date March 7 190...

Undertaker: R. A. Hart

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98921 Registered No. B 98921

CERTIFICATE OF DEATH.

(Place of Death.) No. 1512 N Gay St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian May Tudor

{Residence, if in Baltimore, Give Street and Number.} 1512 N Gay St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 20 1902

AGE 4 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John Edward Tudor

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Barbara Schriefer

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Schriefer

(Address) 1512 N Gay St

Filed 3/7/07 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1907

I HEREBY CERTIFY, That I attended deceased from February 7 1907 to March 6 1907 that I last saw h[er] alive on March 5 1907 and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Idiopathic Pernicious Anaemia

(DURATION) 5 mos

Contributory (Primary) Hemorrhage - Pulmonary (DURATION) — DAYS

(Signed) J. William France M.D.

Address 1407 N Gay

Date March 6th 1907

Place of Burial St Marys Hampden

Date March 7th 1907

Undertaker Wm E Chenowith & Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98922

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98922

City of Baltimore, (No. 1524 Madison Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella May Draw

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan (Month) 13 (Day) 1839 (Year)

AGE 68 years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City.

FULL NAME OF FATHER James A May

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Thomas

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Owings

(Address) 1733 Linden Ave

Filed 3/7 1907 HARRY C. ARNOLD, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1905 to March 1907, that I last saw her alive on March 6 1907, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Chronic Nephritis, uremia

General Anasarca

Uraemia (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) E Owings M. D.

March 7 1907 (Address) 1733 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Belair Md	March 8 1907
UNDERTAKER	ADDRESS
Wm B Crothers	231 S Stricker

WM. J. C. DULANY CO., BALTIMORE.

E. Owings M. D.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5

98923

Registered No. B 98923

CERTIFICATE OF DEATH.

120

Place of Death.) No. 1470 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Donelly

{ Residence, if in Baltimore, Give Street and Number. } 1470 N. Carey St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W. Cute

DATE OF BIRTH: Dec - 19th 1835

AGE: 71 years, 2 months, 14 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: James Donelly

BIRTHPLACE OF FATHER (State or country): Ireland -

MAIDEN NAME OF MOTHER: Margaret

BIRTHPLACE OF MOTHER (State or country): Ireland -

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Donnelly

(Address) 1470 N Carey St.

Filed 3/7/07 190

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6th 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to March 6 1907

that I last saw h[illegible] alive on Feb 27 1907,

and that death occurred, on the date stated above, at 1.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Bright disease

Chronic (DURATION) DAYS

(Signed) Wm Lon M.D.

Address 836 N. North Ave

Date March 7 1907

Place of Burial St. Peters

Date March - 9th 1907

Undertaker Wm. H. Gauthrop

Address 901 W. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 98924 Registered No. B 98924

CERTIFICATE OF DEATH.

154v

(Place of Death.) No. 1304 N Milton Ave - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret E Leyle -

{ Residence, if in Baltimore, Give Street and Number. } 1304 N. Milton Ave -

Duration of Residence in Baltimore. about 58 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female - COLOR St Luke

DATE OF BIRTH about 1837

AGE about 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland -

FULL NAME OF FATHER Peter Leyle -

BIRTHPLACE OF FATHER (State or country) Ireland -

MAIDEN NAME OF MOTHER Katharine Leyle

BIRTHPLACE OF MOTHER (State or country) Ireland -

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Conaway

(Address) 1304 N. Milton Ave

Filed 3/7 1907 CLERK'S OFFICE Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 - 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 5th 1907 that I last saw h[illegible] alive on March 4 1907, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Old Age

Cerebral Embolism (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) M. Duffy M.D.

Address 1639 Bway

Date 190

Place of Burial St - Peters

Date March - 8th 1907

Undertaker Wm M Gaunt[illegible]

Address 901 N. Milton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 98925 Registered No. B 98925

27 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Uhlstegraff

{ Residence, if in Baltimore, Give Street and Number. } 924 Hart St.

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: March 6th 1879

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Samuel Uhlstegraff

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Isabell Uhlstegraff

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM, BALT. CO. ASYLUMS.

Filed 3/7/07 PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 7 1907 to March 6 1907 that I last saw h[illegible] alive on March 6 1907, and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date March 7 1907

Place of Burial Mt. Pleasant Cemetery

Date March 11 1907

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto. Sts and 1703-710 Eastern Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 98926 Registered No. B 98926

CERTIFICATE OF DEATH.

(Place of Death.) No. 464 E. Cross St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. W. Floyd

{Residence, if in Baltimore, Give Street and Number.} 464 E. Cross St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Floyd

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C & F Floyd

(Address) 464 E Cross St

Filed 3/7/07 HARRY C. ARMES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 5 1907

I HEREBY CERTIFY, That I attended deceased from Mar 1 1907 to Mar 5 1907 that I last saw him alive on Mar 4 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate

Tuberculosis (Pulmonary)

(DURATION)

Contributory (Primary.) 4 mos

(DURATION)

(Signed) C. D. Gould M.D.

Address 521 Hanover

Date March 6 1907

Place of Burial St Mungos Cemetery

Date March 8th 1907

Undertaker Wilhelm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98927

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98927

City of Baltimore, (No. 913 Bevan St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice G. Tach.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mch 25 1869 (Month) (Day) (Year)

AGE 37 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John Bell

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Annie E. Bilson

BIRTHPLACE OF MOTHER (State or country) Baltimore.

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Tach

(Address) 913 Bevan st

Filed 3/7 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 5th 1907. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 11th 1907 to Mch. 5th 1907.

that I last saw h[illegible] alive on Mch 5th 1907.

and that death occurred, on the date stated above, at 7.30 P.M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia

(DURATION) DAYS

Contributory Acute Stenosis

(DURATION) DAYS

(Signed) Henry Friedenwald M.D.

Mch 5th 1907 (Address) 933 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Western Cemetery — DATE OF BURIAL Mch 7th 1907

UNDERTAKER Wm Cook — ADDRESS 502 E Monument

Ade

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 98928 Registered No. B 98928

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Michael Kelly

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 63 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): "

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Rohrbaugh, Supt. BAY VIEW ASYLUM.

(Address)

Filed 3/7/07 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to March 5 1907

that I last saw h.. alive on March 5 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Diffuse Nephritis, Chronic Myocarditis, Mitral Insufficiency (DURATION) DAYS

Contributory (Primary) Cirrhosis of Liver (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date March 6 1907

Place of Burial Sacred Heart.

Date March 7" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C

98929 Registered No. B 98929

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 605 N Vincent Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Susan Stewart

{Residence, if in Baltimore, Give Street and Number.} 805 N Vincent Ave,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wilson Simms

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): ,

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lyman Richardson

(Address) 605 Central Ave

Filed 3/7/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 5th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Duration ... (DURATION) ... DAYS

Contributory (Primary.) Arteriosclerosis

... (DURATION) ... DAYS

(Signed) Oscar Bachman M.D.

Address 700 Log. Ave. Govanstown

Date March 6th 1907

Place of Burial Abbey Cemetery

Date March 8th 1907

Undertaker Chas. G. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 K

Registered No. B 98930

93

CERTIFICATE OF DEATH.

(Place of Death.) No. -Md General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elias Smith

{Residence, if in Baltimore, Give Street and Number.} Benson - N. Carolina

Duration of Residence in Baltimore. 1 month

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male-

COLOR: Black

DATE OF BIRTH: 1880

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N- Carolina

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Smith

(Address) Benson - N. Carolina

Filed 3/7 1907 EAST O. [illegible] PERATT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 6 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2 1907 to Mar 6 1907

that I last saw h[illegible] alive on Mar 6 1907,

and that death occurred, on the date stated above, at 4 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

1 day (DURATION) DAYS

Contributory (Primary.) Influenza

(DURATION) DAYS

(Signed) E. E. [illegible] M.D.

Address [illegible]

Date [illegible] 1907

Place of Burial Benson N. Carolina

Date March 8th 1907

Undertaker Wm M. Gaunt[illegible]

Address 901 - N- North Ave -

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 98931

98931

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 209 E Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Anne E Lowey

{Residence, if in Baltimore, Give Street and Number.} 209 E. Lafayette ave

Duration of Residence in Baltimore. all her life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH July 17 1824

AGE 82 years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Christian Keller

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Ann M Kraber

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lowey

(Address) 1037 Cathedral St

Filed 3/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1906 to March 6 1907

that I last saw h.. alive on March 6 1907,

and that death occurred, on the date stated above, at 6.40 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Paralysis (Senile)

(DURATION) 90 DAYS

Contributory (Primary.) Old age

(DURATION) — DAYS

(Signed) Cecil E. Stewart M.D.

Address 122 W. 23rd St

Date March 7th 1907

Place of Burial Greenmount

Date March 8th 1907 190

Undertaker Hollenstein Mort Co

Address 233 to Saratoga St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 98933 Registered No. B 98933

CERTIFICATE OF DEATH.

(Place of Death.) No. 304 Union Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name George H. Dell

{Residence, if in Baltimore, Give Street and Number.} 304 Union Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 1 1834

AGE: 72 years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Nicholas Dell

BIRTHPLACE OF FATHER (State or country): Frederick Co Md

MAIDEN NAME OF MOTHER: Barbra Barnhart

BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Dell

(Address) 304 Union Ave

Filed 3/7 1907

HARRY C. ARMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to March 5 1907

that I last saw h alive on March 5 1907,

and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Cardiac Dilatation

(DURATION) 2 DAYS

Con ~~ributory~~ (Primary) Aortic Stenosis (DURATION) 8 DAYS

(Signed) Harry Colgan M.D.

Address 340 Roland Ave

Date March 6 1907

Place of Burial Woods Cem Balto Co Md

Date Mar 8 1907

Undertaker J. S. Mansfield

Address 3639 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98932 Registered No. B 98932V

CERTIFICATE OF DEATH. 98932

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Kelly

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1.....

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday,

(Address) BAY VIEW ASYLUM.

Filed 3/7 1907 HARRY C. ARMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1907

I HEREBY CERTIFY, That I attended deceased from March 5 1907 to March 6 1907

that I last saw h.. alive on March 6 1907, 7.35

and that death occurred, on the date stated above, at 7..... P.M. CAUSE OF DEATH (Secondary or Immediate)

Cortic Stenosis

Chronic diffused

Nephritis, Cerebro

Hemorrhage (DURATION) DAYS

Contributory (Primary) Oedema

of Lungs (DURATION) DAYS

(Signed) O R Norris M.D.

Address Bay View Hospl.

Date March 7 1907

Place of Burial Sacred Heart

Date March 7" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 98934 Registered No. B 98934

43

CERTIFICATE OF DEATH.

(Place of Death.) No. 843 North Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Murphy.

{ Residence, if in Baltimore, Give Street and Number. } 843 North Howard St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH March 20, 1856

AGE 50 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John Gorman

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget McCarthy

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. T. Murphy

(Address) 843 W. Howard St

Filed 3/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1907

I HEREBY CERTIFY, That I attended deceased from Febry 1st 1904 to March 5th 1907 that I last saw her alive on March 5th 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Oedema Lungs.

(DURATION) DAYS

Contributory (Primary.) Carcinoma Breast & Mediastinum (DURATION) 3700 DAYS

(Signed) Edmund Gibbs M.D.

Address 316 E. North Ave

Date March 5-15 1907

Place of Burial St. Mary's Cemetery

Date March 8, 1907

Undertaker Henry W. Means & Son

Address 704 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...VERNMENT, City of Baltimore.

Ward 14 — Registered No. B 98935

98935

154

CERTIFICATE OF DEATH.

(Place of Death.) No. Aged Women's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A Spicer

{Residence, if in Baltimore, Give Street and Number.} Lexington & Jackson Sts W.W. Cor.

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Wht

DATE OF BIRTH Unknown 1

AGE 97 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Manchester England

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella J Inea

(Address) Home

Filed 3/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 6 1907

I HEREBY CERTIFY, That I attended deceased from July 1906 to Mch 6 1907

that I last saw h[illegible] alive on Mch 5 1907

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Senile Degeneration

6 mos (DURATION) DAYS

Con'tributory (Primary.) Accident

[illegible] (DURATION) DAYS

(Signed) V L Norwood M.D.

Address 739 N Fay Ellet Md

Date Mch 7 1907

Place of Burial Western Cemetery

Date Mar 8 1907

Undertaker Geo J Smith Co

Address 1000 N. Fayette av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [redacted] 98936 Registered No. B 98936

CERTIFICATE OF DEATH.

(Place of Death.) No. 748 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas J. Smith.

{ Residence, if in Baltimore, Give Street and Number. } 748 George St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: [redacted]

AGE: 66 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Cecil

FULL NAME OF FATHER: Jas. M. Smith

BIRTHPLACE OF FATHER (State or country): Carrol Co Md

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Smith

(Address) 748 George St.

Filed 3/7/07

HARRY C. ARMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1907

I HEREBY CERTIFY, That I attended deceased from [redacted] 15th 1907 to March 5th 1907 that I last saw h[redacted] alive on March 5th 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Uraemia.

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T McCauley M.D.

Address 651 W Franklin St

Date March 6th 1907

Place of Burial Western Cemetery

Date 3/8 1907

Undertaker Wm J Schilling

Address 9 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98937

City of Baltimore, (No. 322 W. Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Bemis.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jan 10th 1827 (Month) (Day) (Year)
AGE	80 years, 2 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widow
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Bemis

Address 322 W Preston St

Filed 3/8 1907

HARRY C. ANDREAS, PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7, 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 7 1907 to Mar 7 1907 that I last saw h[er] alive on Mar 7 1907, and that death occurred, on the date stated above, at 9.30 A. M. The CAUSE OF DEATH was as follows:

Bronchio-pneumonia

(DURATION) DAYS

Contributory Senility

(DURATION) DAYS

(Signed) Wm F McDonald M. D.

Mar 7 1907 (Address) 300 N Linden Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Mar 9th 1907
UNDERTAKER	ADDRESS
A F Philbin	1711 Mad ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 98938 — Registered No. B 98938

CERTIFICATE OF DEATH.

93V

Place of Death.) No. 1222 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha V. Parks

{Residence, if in Baltimore, Give Street and Number.} 1222 E Madison st

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: November 2nd 1847

AGE: 59 years, 3 months, 29 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: Widow

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER: John W Ward

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Hanna Hopkins

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Parks

(Address) 1222 E Madison st

Filed 3/8 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Balto March 6th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 28th 1907 to March 6th 1907 that I last saw her alive on March 6th 1907, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Heart Weakness

(DURATION) 3 DAYS

(Signed) Jane J Bell M.D.

Address 1516 E Preston St

Date Balto March 7th 1907

Place of Burial Greenmount Cemetery

Date March 9th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19

98939 Registered No. B 98939

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Robert B Brethen

{Residence, if in Baltimore, Give Street and Number.} 17 S. Calhoun st

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: March 12 1846

AGE: 51 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltic

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Telegraph Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Son

(Address) BAY VIEW ASYLUM

Filed 3/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 6 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 16 1907 to March 6 1907

that I last saw him alive on March 6 1907,

and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral regurgitation

Chronic diffused

Nephritis

(DURATION) DAYS

Contributory (Primary) Cirrhosis

(DURATION) DAYS

(Signed) R R Morris M.D.

Address Bay View Hospital

Date March 7 1907

Place of Burial Mount Olivet cem

Date Mar 8th 1907

Undertaker Webb Brooksbon

Address 17 S. Calhoun st

WM. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 98940 Registered No. B 98940

104

CERTIFICATE OF DEATH.

(Place of Death.) No. Stone Northumberland Abell's Wharf St Marys Co Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William R Hart

{Residence, if in Baltimore, Give Street and Number.} 322 N. Stricker St

Duration of Residence in Baltimore... 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 27 1844

AGE 62 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Benj F Hart

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Holland Godwin

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter R Hart (Son)

(Address) 322 N. Stricker St

Filed 3/8 1907 HARRY O. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

..... (DURATION) ..... DAYS

Contributory (Primary.)

Acute Indigestion (DURATION) ..... DAYS

(Signed) Geo W Leinhardt M.D.

Address Coroner

Date March 7 1907

Place of Burial Loudon Park Cem

Date Mar 9th 1907

Undertaker Robt L Brookseller

Address 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98941 Registered No. B 98941

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ of Maryland Hosp St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Harry E. Machen

{Residence, if in Baltimore, Give Street and Number.} 224 S. Leary

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 3 1867

AGE 40 years, — months, 4 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John E Machen

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Adelaide E Rothwell

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. H.E. Machen

(Address) 624 N. Franklin

Filed 3/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3, 7, 1907

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of brain, Sup. to the cancer of a fallen st.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. N. Hobbs M.D.

Address 211 W. Lanvale

Date 3, 8, 1907

Place of Burial London Park

Date March 9 1907

Undertaker Geo. H. Linle

Address 531 N. Eutaw

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 98943 — Registered No. B 98943

CERTIFICATE OF DEATH.

(Place of Death.) No. 1317 Bayard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alonzo Keyser

{Residence, if in Baltimore, Give Street and Number.} 1317 Bayard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: March 4th 1907

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Alonzo Keyser

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Ida Ruther

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alonzo Keyser

(Address) 1317 Bayard St

Filed 3/8 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .. to ..... 190 .....

that I last saw him alive on ..... 190 .....

and that death occurred, on the date stated above, at 7:10 P.M.

CAUSE OF DEATH (Secondary or Immediate)

8½ mo. M. G.
Convulsions
(DURATION) 2 DAYS

Contributory (Primary) Congenital debility
(DURATION) 2 DAYS

(Signed) C. Irving Jones M.D.

Address Coroners

Date March 6th 1907

Place of Burial COLLEGE OF P.

Date MAR 7 - 1907 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

93

Ward 98942 Registered No. B 98942

56 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry L. Gunterman.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Feb 3rd 1859

AGE: 48 years, 1 mont's, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Gunderman

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Catherine Woller

BIRTHPLACE OF MOTHER (State or country): Gery

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 3/8 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 7 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to March 7 1907 that I last saw h[illegible] alive on March 7 1907, and that death occurred, on the date stated above, at 6 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Acute Alcoholism
Cardiac regurgitation
Lobar Pneumonia

DURATION DAYS

Con ributory (Primary) Exhaustion

DURATION DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date March 8 1907

Place of Burial Balto Cem

Date March 8 1907

Undertaker E Schlosman & Son

Address 103 Hanover St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98944 Registered No. B 98944

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Robinson

{ Residence, if in Baltimore, Give Street and Number. } 619 George Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 32 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/8 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3 1907

I HEREBY CERTIFY, That I attended deceased from Jan 7 1907 to March 3 1907 that I last saw him alive on March 3 1907, and that death occurred, on the date stated above, at 1135 A.M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Insufficiency

Chronic Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkin Hospital

Date March 3. 1907

Place of Burial JOHNS HOPKINS HOSPITAL MAR 1 - 1907

Date ..... 190....

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98

Ward ..... 98945 Registered No. B 98945

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edward Pryor

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 3/8/07 190

HARRY C. INDRES, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 — 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to March 7 1907

that I last saw h im alive on March 7 1907

and that death occurred, on the date stated above, at 8:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) DAYS

Con'ributory (Primary) Exhaustion

..... (DURATION) DAYS

(Signed) R R Vonnie M.D.

Address Bay View Hospital

Date March 7 1907

Place of Burial JOHNS HOPKINS HOSPITAL MAR 7 - 1907

Date 190

Undertaker Wilbur H Woodall

Address 1811 Aisquith St.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

Ward 14

98946 Registered No. B 98946

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 313 Warren Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henretta Wessel

{Residence, if in Baltimore, Give Street and Number.} 313 Warren Ave

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 28 1845

AGE 61 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER — Esq.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Henrietta B. Wessel

Address 313 Warren ave

Filed 3/8 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 6 1907

I HEREBY CERTIFY, That I attended deceased from Mch 1 1907 to Mch 6 1907

that I last saw her alive on Mch 6 1907,

and that death occurred, on the date stated above, at 8:25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Croupous Pneumonia

(DURATION) 6 DAYS

Contributory (Primary) Cardiac failure

(DURATION) DAYS

(Signed) E. W. Ellis M.D.

Address 415 Light St

Date March 7 1907

Place of Burial London Park

Date March 9th 1907

Undertaker F. A. Kranse & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98947 Registered No. B 98947

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 N. Duncan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Sulc

{Residence, if in Baltimore, Give Street and Number.} 206 N. Duncan al.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 16 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank Sulc

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Anatiska Mikes

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Novotny

(Address) 206 N. Duncan al

Filed 3/8 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 8 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1907 to March 7 1907

that I last saw him alive on ..... 190.....

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

6 mo (DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) 7 DAYS

(Signed) William F. Cyrans M.D.

Address 2000 Orchard Ave

Date 3-8 1907

Place of Burial Holy Redeemer

Date May 10 1907

Undertaker Frank Frach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 98943 Registered No. B 98943

6

CERTIFICATE OF DEATH.

(Place of Death.) No. 707 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Karel Krejci

{Residence, if in Baltimore, Give Street and Number.} 707 N. Madeira st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Vaclav Krejci

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Marie Krivan

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vaclav Krejci

(Address) 707 N. Madeira st

Filed 3/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 7 1907

I HEREBY CERTIFY, That I attended deceased from March 6 1907 to March 7 1907 that I last saw him alive on " 1907 and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Morbilli

(DURATION) 4 DAYS

Contributory (Primary.) Cordis

Asthenia. (DURATION) One DAY

(Signed) W. Sheaff Kyner M.D.

Address 708 Cathedral St

Date 3-7-07 1907

Place of Burial Oak Hill

Date Mar. 8. 1907

Undertaker Frank Enoch

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 98949

Registered No. B.....

City of Baltimore, (No. 2340, Dalene St.; ..... Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[if death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis B. Helmrich

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 14 (Month) (Day) 1906 (Year)

AGE: 1 years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Henry Helmrich

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Amelia A Rink

BIRTHPLACE OF MOTHER (State or country): Penna.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Helmrich

(Address) 2340 Dalene Ave.

Filed 3/8 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 7 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 7 1907 to Mch 7 1907

that I last saw him alive on Mch 7 1907,

and that death occurred, on the date stated above, at 11.10 A. M. The CAUSE OF DEATH was as follows:

Convulsions, supervened by teething

Sick only 10 hours.

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) E. A. Smith M. D.

Mch 7 1907 (Address) 1605 N. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Mch 9 1907

UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE. 98950

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

98950

Registered No. B .....

City of Baltimore, (No. 514 W Barre St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helen Irene McAllister

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Nov (Month) 16 (Day) 1901 (Year)

AGE 5 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Edwin McAllister (dead)

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Anderson (dead)

BIRTHPLACE OF MOTHER (State or country) America

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura McAllister

(Address) 514 W Barre St.

Filed 3/8 1907

HARRY O. ANDREWS, REGISTRAR OF WILLS

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 6 1907 to Mar 7 1907 that I last saw h[er] alive on Mar 7 1907, and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 3 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Chas Braun M. D.

Mar 7 1907 (Address) 400 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Holy Cross. DATE OF BURIAL Mar 9 1907

UNDERTAKER Wm Cook ADDRESS 503 E. Hath

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

1042

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98951

City of Baltimore, (No. 1802, Warwick, Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna E. Dawson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Oct. (Month) 3 (Day) 1828 (Year)

AGE 79 years, 5 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Wm S. Potter

BIRTHPLACE OF FATHER (State or country) New ~~York~~ Jersey

MAIDEN NAME OF MOTHER Eliza Allen

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May L Dawson

(Address) 1802 Warwick Ave.

Filed 3/8 1907 HARRY O. ARRENS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 7 1907 to March 7 1907 that I last saw h-er alive on March 6 1907, and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 2 DAYS

Contributory Chron. gastritis

(DURATION) 50 DAYS

(Signed) J. P. La Barre M. D.

March 7 1907 (Address) 1903 N. Monroe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL March 10th 1907

UNDERTAKER Evans & Spencer

ADDRESS 118 W. Mt. Royal Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 98952 — Registered No. B 98952

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lessie Tubman

{Residence, if in Baltimore, Give Street and Number.} 903 Hardman Ct.

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR Col.

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Wm Rankords.

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Edger Carter

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Minnie Davis

Address 903 Harden ct.

Filed 3/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 24 1907 to Mch. 7 1907

that I last saw her alive on Mch. 7 1907

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis —

(DURATION) 3 DAYS

Contributory (Primary) Puerperal

Septicemia (DURATION) 12 DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date March 8th 1907

Place of Burial Landfield Balto. Co. Md.

Date March 9 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 98953 — Registered No. B 98953

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 N. Hanbury — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotte A. Groves

{Residence, if in Baltimore, Give Street and Number.} 408 N. Hanbury St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem — COLOR Blk

DATE OF BIRTH Unknown

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER Geo Groves

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Lo

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant C H Groves

Address 408 Hanbury St

Filed 3/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 5 1907

I HEREBY CERTIFY, That I attended deceased from Feb 22 1907 to Mch 5 1907

that I last saw h-r alive on Mch 4 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Uteri

4 mos (DURATION) DAYS

Con'ributory (Primary) Asthenia

& Dropsy (DURATION) 14 DAYS

(Signed) J Norwood M.D.

Address 939 W Fayette St

Date Mch 6 1907

Place of Burial Governor's Run Calvert Co Md

Date March 9. 1907

Undertaker John H. Frahm

Address 142 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VX 98954 Registered No. B 98954

CERTIFICATE OF DEATH.

(Place of Death.) No. 2032 E Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Annie M Brooks

{Residence, if in Baltimore, Give Street and Number.} 2032 E Pratt St

Duration of Residence in Baltimore. Lifetime 6 Mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 8th 1844

AGE 62 years, 10 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) N. C.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Mayo

(Address) 2132 E. Pratt St.

Filed 3/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1907

I HEREBY CERTIFY, That I attended deceased from January 1 1907 to March 5 1907 that I last saw her alive on March 5 1907, and that death occurred, on the date stated above, at 12.25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of uterus

(DURATION) 63 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rennick M.D.

Address 2000 E. Baltimore St

Date March 7 1907

Place of Burial Loudon Park Cem

Date March 8 1907

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Bruto. Sts. And 1703-1710 Canton Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 98955 — Registered No. B 98955

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James F. Kerns.

{Residence, if in Baltimore, Give Street and Number.} 1302 E. Lafayette St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 1 1857

AGE: 50 years, 1 months, 6 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Kerns

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Isabella McGee

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kerns

(Address) 1305 E. Lafayette ave

Filed 3/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7th 1907

I HEREBY CERTIFY, That I attended deceased from February 21st 1907 to March 7th 1907

that I last saw h[illegible] alive on March 6th 1907,

and that death occurred, on the date stated above, at 4 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic coma

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) N. C. Irwin M.D.

Address St. Josephs Hospital

Date 3/7/07 1907

Place of Burial Cathedral Cemetery.

Date March 9th 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal ave.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 98956 Registered No. B 98956

CERTIFICATE OF DEATH.

(Place of Death.) No. 549 Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph E Thornton

{ Residence, if in Baltimore, Give Street and Number. } 549 Preston St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wh.

DATE OF BIRTH 1

AGE 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Joseph Thornton

BIRTHPLACE OF FATHER (State or country) Albany N.Y.

MAIDEN NAME OF MOTHER Mary Knapp

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Joseph Thornton

Address 549 Preston

Filed 3/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to March 7 1907

that I last saw him alive on March 7 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) Hours

Contributory (Primary) Acute Pneumonia

(DURATION) Sixty DAYS

(Signed) E. A. Blake M.D.

Address 2018 N Howard St

Date March 8 1907

Place of Burial Western Cem

Date March 9 1907

Undertaker Lowe Cook

Address 501 E Fayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98957

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98957

City of Baltimore, (No. 1811, Jackson St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James. B. Owens

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb 18 1839 (Month) (Day) (Year)
AGE	68 years, — months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Owens

(Address) 1811 Jackson St

Filed 3/8 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 1906 to March 1907

that I last saw h[er] alive on March 7 1907,

and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Cardiac Asthma

4 Months (DURATION) — DAYS

Contributory Exhaustion

(DURATION) 4 DAYS

(Signed) James Copen M. D.

March 8 1907 (Address) 1122 Hull St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Catholic Cemetery.

DATE OF BURIAL March 9 1907

UNDERTAKER Daniel and M. J. Flynn

ADDRESS 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 — 98958 — Registered No. B 98958

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 38 — St. E. Cross — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Himmel

{Residence, if in Baltimore, Give Street and Number.} 38 E Cross St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: March 7 1907

AGE: — years, — months, 22 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Frank Himmel

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Margaret Bowers

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lena Bowers (Grand-mother)

(Address) 38 E Cross St

Filed 3/8 1907 — ROBT C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 1907

I HEREBY CERTIFY, That I attended deceased from March 7 1907 to March 7 1907 that I last saw her alive on March 7 1907, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address 1017 N Charles St

Date March 8 1907

Place of Burial Western Cemetery

Date March 8th. 1907.

Undertaker Davies and M. J. Flynn

Address 42 E Pres St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 98959 Registered No. B 98959

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Valentine Wachter

{ Residence, if in Baltimore, Give Street and Number. } 700 Bradford st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 1880

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Lorenz Wachter

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Meinkamp

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin Wachter

(Address) 700 N. Bradford st

Filed 3/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26 1907 to March 6 1907

that I last saw h~~im~~ alive on March 6 1907,

and that death occurred, on the date stated above, at 9 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of Heart

..... (DURATION) ..... DAYS

Contributory (Primary) Ch. nephritis - myocarditis

..... (DURATION) ..... DAYS

(Signed) Chas L. Timmons M.D.

Address St Joseph Hospital

Date March 7 1907

Place of Burial Holy Redeemer

Date March 9 1907

Undertaker Jos. J. Herr

Address 1914 E. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

Registered No. B 98960

98960

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maurice Edelen

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inft. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Feb. 9 1907

AGE: ..... years, ... months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Earl Edelen

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 3/8 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8th 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to March 7th 1907

that I last saw h[illegible] alive on " 1907,

and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 29 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fuller M.D.

Address 9. E. Biddle St.

Date March 8th 1907

Place of Burial New Cathedral

Date Mar 9th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 98961 Registered No. B 98961

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Miller

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Feb. 22nd 1907

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 3/8 1907 [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8th 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to March 7th 1907

that I last saw h[illegible] alive on March 7th 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fenlon M.D.

Address 9. E. Biddle St

Date March 8th 1907

Place of Burial New Cathedral

Date Mar. 9th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 98962 Registered No. B 98962

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Martin

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: June 23 1907

AGE: ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Asylum

Filed 3/8 1907

HARRY O. ROARK SR. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7th 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to March 7th 1907

that I last saw h~~im~~ alive on 11 1907,

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 15 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fisher M.D.

Address 9. E. Biddle St

Date March 8th 1907

Place of Burial New Cathedral (

Date Mar 9th 1907

Undertaker Marx Bahn? Sons

Address 111 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — 98963 — Registered No. B 1

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Wm Pierce

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 18th 1907

AGE: ..... years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 3/8 1907

EAST'N DIST. ANNEX
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 1907

I HEREBY CERTIFY, That I attended deceased, from March 14 1907 to March 7 1907

that I last saw h[illegible] alive on " 1907

and that death occurred, on the date stated above, at 3

P. M. CAUSE OF DEATH (Secondary or Immediate

Congenital Debility

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. E. Funke M.D.

Address 96 E. Biddle St.

Date March 7 1907

Place of Burial New Cathedral

Date Mar. 9th 1907

Undertaker Martin Gahan & Son

Address 106 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — 98964 — Registered No. B 98564

CERTIFICATE OF DEATH.

(Place of Death.) No. 2742 N. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleanor Gibbons Laws

{Residence, if in Baltimore, Give Street and Number.} 2742 N. Charles st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: January 30 1893

AGE: 14 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: David W Laws

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Katherine L Starr

BIRTHPLACE OF MOTHER (State or country): Middletown Pa

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David W. Laws

(Address) 2742 N. Charles st

Filed 3/8 1907 — CLERK'S — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 8th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1906 to Mch 8th 1907 that I last saw h[er] alive on Mch 7th 1907 and that death occurred, on the date stated above, at 7:40 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Endocarditis,

1 Years (DURATION) DAYS

Con'tributory (Primary.) La Grippe

(DURATION) 10 DAYS

(Signed) H. H. Chambers M.D.

Address 18 W Franklin St

Date Mch 8th 1907

Place of Burial Druid Ridge Cemetery

Date March 10 1907

Undertaker Stewart Mowen Co

Address 2152 1/2 Park Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...AWENT, City of Baltimore.

Ward 1 — 98965 — Registered No. B 98965

CERTIFICATE OF DEATH.

(Place of Death.) No. 525 S. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M. Olsson

{Residence, if in Baltimore, Give Street and Number.} 525 S. Milton Ave

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: May 24 1880	
AGE: 27 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Geo Schmidt	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: M Schmidt	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Geo Schmidt

Address 525 S. Milton Ave

Filed

190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1907 to March 7th 1907 that I last saw h[er] alive on March 7th 1907, and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemmorrhage o Eclampsia

(DURATION) DAYS

Con'tributory (Primary) Acute Pneumonia

P Uremia (DURATION) DAYS

(Signed) Herman L Guering M.D.

Address 1937 Eastern Ave.

Date March 8th 1907

Place of Burial Holy Redeemer

Date March 9 1907

Undertaker Last & Hammond

Address Borgs Venture

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

98966 Registered No. B 98966

CERTIFICATE OF DEATH.

Place of Death.) No. 1551 Clifton Ave St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Washington Watts

{ Residence, if in Baltimore, Give Street and Number. } 1551 Clifton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1839

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): not known

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): not known

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Helen M. O'Brien (daughter)

Address: 1711 Baker St

Filed 3/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 7- 1907

I HEREBY CERTIFY, That I attended deceased from Mar 5 1907 to Mar 7 1907

that I last saw h alive on Mar 7 1907,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

DURATION 4 DAYS

Contributory (Primary) Asthenia DURATION 1 DAYS

(Signed) E. Daugherty M.D.

Address 2506 Pennsylvania Av.

Date Balto Mar 7 1907

Place of Burial London Park

Date Mar 9th 1907

Undertaker G. F. Walker

Address 723 W Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98967

Ward 14 98967 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dr. H. J. Coffroth,

{Residence, if in Baltimore, Give Street and Number.} Greensboro Md.

Duration of Residence in Baltimore. Ten days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Mch. 17 - 1856

AGE: 50 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Geo. R. Coffroth

BIRTHPLACE OF FATHER (State or country): Penna —

MAIDEN NAME OF MOTHER: Rebecca C. White

BIRTHPLACE OF MOTHER (State or country): Va —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo R. Coffroth

(Address) 924 Madison ave

Filed 3/8 1907

EARL C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26 1907 to March 7 1907 that I last saw him alive on March 7 1907, and that death occurred, on the date stated above, at 10:25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.) Taber dorsalis

(DURATION) DAYS

One year. Heart

(Signed) W. W. Olive M.D.

Address University Hospital

Date March 7 1907

Place of Burial Green Mount

Date Mch — 9 — 1907

Undertaker E. W. Mitchell & Co

Address 1201 W. Fayette St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98968

City of Baltimore, (No. 1302 Linden ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Amanda S. Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. (Month) 18 (Day) 1838 (Year)

AGE 68 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Harford Co. Md.

FULL NAME OF FATHER Bernard Mitchell.

BIRTHPLACE OF FATHER (State or country) Harford Co. Md

MAIDEN NAME OF MOTHER Elizabeth Anderson

BIRTHPLACE OF MOTHER (State or country) Harford Co Md

OCCUPATION OF DECEASED House keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Camila A Mitchell

(Address) 1302 Linden ave

Filed 3/8 1907

HARRY C. ADAMS
PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 5 1907 to Mar 7 1907

that I last saw h alive on Mar. 7 1907

and that death occurred, on the date stated above, at 8.35 a. m. The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis -

Years. (DURATION) DAYS

Contributory Uraemic convulsion -

Uraemic State from beginning (DURATION) DAYS

(Signed) C. L. Whitney M. D.

Mar. 8 1907 (Address) 1103 Linden ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Harford Co Md

DATE OF BURIAL Mar 9 1907

UNDERTAKER E M Mitchell

ADDRESS 120 N Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 98969 Registered No. B 98969

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard Vincente

{Residence, if in Baltimore, Give Street and Number.} Boarding House

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 25 Nov 1869

AGE 38 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Edward Vincente

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Marguarite Stevenson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Thompson

(Address) 421 N Eden St

Filed 3/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7- 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 26 1907 to Mch. 7 1907 that I last saw h[illegible] alive on Mch. 7 1907 and that death occurred, on the date stated above, at 2.30 a. m. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Edema

(DURATION) 7- DAYS

Contributory (Primary) Tuberculosis.

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date March 7- 1907

Place of Burial Greenmount

Date March 9 1907

Undertaker Josiah Syfer

Address 1600 W North ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 98970 — Registered No. B ✓ — 98970

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 520 East 20 St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frederick Bancroft Messenger

{Residence, if in Baltimore, Give Street and Number.} 520 East 20 St.

Duration of Residence in Baltimore. One year 2 M 27 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1847 1

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Brooklyn N.Y.

FULL NAME OF FATHER Harry Messenger

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Capitalist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. T. Rowell

(Address) 520 East 20 St

Filed 3/8 1907 HARRY O. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1907

I HEREBY CERTIFY, That I attended deceased from October 1906 to March 8 1907 that I last saw h[illegible] alive on March 8 1907, and that death occurred, on the date stated above, at 3.45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Syncope by

a few seconds (DURATION) DAYS

Contributory (Primary.) Cardiac Dilatation (DURATION) 1 month or longer DAYS

(Signed) S. T. R. Rowell M.D.

Address 33 W. Lexington St

Date March 8 1907

Place of Burial Brooklyn N.Y.

Date March 9" 1907

Undertaker Hy W. Jenkins & Sons Co

Address 233 W. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B 98971

98971

64 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 2201 E Preston St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Finckenaur

{ Residence, if in Baltimore, Give Street and Number. } 2201 E Preston St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 21 1823

AGE 84 years, 2 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Henry

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Margaret

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma J. Fickenaur

(Address) 2201 E Preston St.

Filed 3/8 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6th 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to March 6 1907 that I last saw him alive on March 6 1907, and that death occurred, on the date stated above, at 12:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis and Exhaustion

(DURATION) 6 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 3 DAYS

(Signed) Robert G. Singewald M.D.

Address 1202 N. Eutaw St. Bal.

Date March 6th 1907

Place of Burial Loudon Park

Date Mar 7 1907

Undertaker C. E. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 98973 — Registered No. B 98973

CERTIFICATE OF DEATH.

(Place of Death.) No. 1314 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theodore Hoffman

{Residence, if in Baltimore, Give Street and Number.} 1314 Harford Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. 4th 1906

AGE: ..... years, 6 months, 4 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Conrad H. Hoffman

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Catherine Tracy.

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Conrad Hoffman

(Address) 1314 Harford Ave.

Filed 3/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 8th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26th 1907 to March 8th 1907

that I last saw him alive on March 7th 1907

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia & Meningitis

following measles

(DURATION) 2 DAYS

Contributory (Primary.) Measles

(DURATION) 2 weeks DAYS

(Signed) Jefferson Buck M.D

Address 2844 St Paul St

Date March 8th 1907

Place of Burial Holy Redeemer Cem

Date March 9th 1907

Undertaker Henry Stockesdale

Address 1201 E Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98972 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Beulah Reese

{Residence, if in Baltimore, Give Street and Number.} 921 Paluxent St.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Chester Queen Anne's Md

FULL NAME OF FATHER: Edward Reese

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maggie Lawrence

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Edward Reese

(Address) Chester Queen Anne's Md

Filed 3/8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 8th 1907

I HEREBY CERTIFY, That I attended deceased from March 7th 1907 to March 8th 1907

that I last saw her alive on March 8th 1907,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Enteritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. E. Riggs M.D.

Address 514 Druid Hill Ave

Date March 8th 1907

Place of Burial Chester Queen Anne's Co Md

Date March 9th 1907

Undertaker Joseph B. Cook

Address 1063 N. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C. 98974 Registered No. B 98974

64 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 511 S. Bradford St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian Thoms

{Residence, if in Baltimore, Give Street and Number.} 511 S. Bradford St.

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 5 1841

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: , ,

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs M- Thoms

(Address) 511 S. Bradford St

Filed 3/8 190 / HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 25th 1907 to March 6th 1907 that I last saw h.im alive on March 6th 1907, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

one day (DURATION) DAYS

Contributory (Primary) Apoplexy

three days (DURATION) DAYS

(Signed) Fredk. A. Emrade, M.D.

Address 2121 E. Baltimore, St.

Date March 8th 1907.

Place of Burial St German Cem

Date Mar 10 th 1907

Undertaker H. Nicolays & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98975 Registered No. B 98975

934

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. Lunde

{Residence, if in Baltimore, Give Street and Number.} 701 Pennington Ave

Duration of Residence in Baltimore. 11 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Sweden

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Asst Molder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Lund

(Address) 504 S. Glover

Filed 3/8 1907 HARRY C. ANDREWS, PERRIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 1907

I HEREBY CERTIFY, That I attended deceased from Mch. 4 1907 to Mch. 7 1907

that I last saw him alive on Mch 7 1907

and that death occurred, on the date stated above, at 7 30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pericarditis

(DURATION) 2 DAYS.

Contributory (Primary) Pneumonia

(DURATION) ..... DAYS.

(Signed) D. A. Dorsey M.D.

Address City Hospital

Date March 8 1907

Place of Burial 1st German Cem

Date Mar 10th 1907

Undertaker H Nicolaus & Son

Address 1820 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

98976

Ward ..... 98976 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 722 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Fisher

{Residence, if in Baltimore, Give Street and Number.} 722 N Wolfe St

Duration of Residence in Baltimore. 42 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH May 30 1851

AGE 55 years, 10 months, 7 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Fisher

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fisher

(Address) 722 N. Wolfe St

Filed 3/8 1907 (HARRY O. ANDREWS, PERMIT CLERK) Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 7 — 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5.25 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Carrell M.D.

Address Coroners Office

Date Mar. 7 — 07 190

Place of Burial Dale Lawn Cemetery

Date March 9th 190 7

Undertaker J. Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 10

Registered No. B 98977

CERTIFICATE OF DEATH.

(Place of Death.) No. 1210 W Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Latane Williams

{Residence, if in Baltimore, Give Street and Number.} 1210 W. Mosher St.

Duration of Residence in Baltimore. About 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 11, 1837

AGE: 69 years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Jas. Madison Williams

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Brooke

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. D. Minor Nephew.

(Address) 1039 Edmondson Av.

Filed Mch 9 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 8, 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 25 1907 to March 8 1907 that I last saw h[illegible] alive on March 8 1907, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs, (DURATION) 3 Days

Contributory (Primary.) Natural senility - Duration About 2 months

(Signed) B. D. Minor, M.D.

Address 1039 Edmondson Ave

Date March 8 1907

Place of Burial Mt. Auburn Va

Date March 9th 1907

Undertaker Chas. E. Francis

Address 146 N. Eutaw St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 — 98979 — Registered No. B 98979

CERTIFICATE OF DEATH.

(Place of Death.) No. 959 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Abraham Koehler

{Residence, if in Baltimore, Give Street and Number.} 959 Harford Ave

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Feb 7 1845

AGE 62 years, 1 months, 1 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelmina Koehler

(Address) 835 W. Gay St

Filed 3/9/07 — HARRY C. ARMSTRONG, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 8 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Suicide By Putal

..... (DURATION) DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) Fredk Carnes M.D.

Address Coroners Dept

Date Mar 8 1907

Place of Burial St Matthews Cemetery

Date March 10 1907

Undertaker Henry Lutz

Address 1007 W. Baltimore St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98978

City of Baltimore, (No. 901 Columbia ave St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Albert Linzy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 26 (Day) 1866 (Year)

AGE: 39 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: John Linzy

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Clarissa Bates

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maud M Linzy

(Address) 901 Columbia ave

Filed Mch 9 1907

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from February 27 1907 to March 7 1907

that I last saw him alive on March 7 1907

and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Pneumonia

Injuries received in (DURATION) 9 DAYS

Contributory accidental fall from trestle at Locust Point (DURATION) 35 DAYS

(Signed) Geo R. Graham M.D.

March 7 1907 (Address) 725 Columbia ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Warsaw N.Y. DATE OF BURIAL: Mch 8 1907

UNDERTAKER: W M Cook ADDRESS: 500 E North Ave

WM. J. C. DULANY CO., Baltimore

I have investigated this case and find it correct & have issued Permit. Coroner's Sub.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

98980 Registered No. B 98980

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Caroline Krieger

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W.

DATE OF BIRTH: 1839 July 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: John Holland

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Emma Holland

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 3/9 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 8th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h Sr alive on Mch 1 1907,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of heart

Unknown (DURATION) DAYS

Contributory (Primary.) Dropsy

3 months (DURATION) DAYS

(Signed) F. A. Dame M.D.

Address 1133 Valley st

Date March 8 1907

Place of Burial Holy Cross

Date March 9th 1907

Undertaker Henry C Wiedefeld

Address 914 Greenmount ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 98981 — Registered No. B 98981

CERTIFICATE OF DEATH.

(Place of Death.) No. 1406 W. Pratt. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta J. P. Hogg.

{Residence, if in Baltimore, Give Street and Number.} 1406 W. Pratt st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Unknown

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. Lemuel Haslup

(Address) 1511 W. Lexington St.

Filed 3/9 1907

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 7th 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to March 7th 1907 that I last saw her alive on March 6th 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy &
Gastric Catarrh

(DURATION) 7 DAYS

Contributory (Primary.)

Coed. (DURATION) — DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard St.

Date March 7th 1907

Place of Burial Western

Date Mch 9 1907

Undertaker J. B. Coole

Address 1003 Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Note removed to 338 S. Mount St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 98982

City of Baltimore, (No. 316 Forrest St., Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) U.S.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Brown

(Address) 316 Forrest

Filed ..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 9th 190 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 10 190 to Mar 3 190 that I last saw h a alive on Mar 9 190, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis.

(DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Thos. A. Rogers M. D.

3/7 190 (Address) 1136 E Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL Woodlawn | DATE OF BURIAL March 7 1907

UNDERTAKER R J Elliott | ADDRESS 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

98983

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98983

City of Baltimore, (No. 607 N. Bradford St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Arthur.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Black -

DATE OF BIRTH: ..... 1 (Month) (Day) Year)

AGE: 1 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Bally

FULL NAME OF FATHER: Wm Authur

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Nannie Reese

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Foster Wm Authur

(Address) 607 Bradford

Filed ..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 7 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 5 1907 to ..... 190.....

that I last saw h[illegible] alive on March 5 1907,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

(DURATION) 2d DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. Monkur Jr. M. D.

March 190 7 (Address) 5x Cumberland St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asbury —	March 9 1907
UNDERTAKER	ADDRESS
R F Ellis	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward X 98984 Registered No. B 98984

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E Woods

{Residence, if in Baltimore, Give Street and Number.} Entaw Heights Gardenville

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 22nd 1863

AGE: 43 years, 5 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Reaver

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Ackerman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Woods

(Address) Entaw Heights Gardenville

Filed 3/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

016 ADJ.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1907

I HEREBY CERTIFY, That I attended deceased from March 4 1907 to March 8 1907 that I last saw h alive on March 8 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs and respiratory failure (DURATION) DAYS

Contributory (Primary.) Incomplete Abortion (DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date March 8 1907 190

Place of Burial Jerusalem Lutheran Cemetery

Date March 10th 190 7

Undertaker By Geo. Lud. Schilling & Sons Undertakers

Address 1126 E. Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 98985 Registered No. B 98985

17

CERTIFICATE OF DEATH.

(Place of Death.) No. 2511 Eastern Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Goodwin

{Residence, if in Baltimore, Give Street and Number.} 2511 Eastern ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 19th 1885

AGE 21 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ind.

FULL NAME OF FATHER Daniel Dougherty

BIRTHPLACE OF FATHER (State or country) Ind.

MAIDEN NAME OF MOTHER Kate Gieman

BIRTHPLACE OF MOTHER (State or country) Ind.

OCCUPATION OF DECEASED Housemaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Dougherty

(Address) 2511 Eastern Ave

Filed 3/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 1906 to Mch 7 1907

that I last saw h[illegible] alive on March 6 1907,

and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary & Laryngeal Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) M. E. Smith M.D.

Address 1628 W Lexington St

Date March 8- 1907

Place of Burial Cathedral Glen

Date Monday, May 11th 1907

Undertaker Jno A. Groman

Address Bank & Arm Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 98986 Registered No. B 98986

1794

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William B. Schalitzky

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inft. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: May 7 1906

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Henry Schalitzky

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Della Houck.

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Della B Schalitzky

(Address) 741 S Fulton

Filed 3/9 1907 HEAD OF ARTS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7th 1907

I HEREBY ~~CERTIFY~~, That I attended deceased from March 1st 1907 to March 6th 1907

that I last saw h[illegible] alive on 11 1907,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fowler M.D.

Address 9. E. Baltimore St

Date March 7 1907

Place of Burial Baltimore Cemetery

Date March 10 1907

Undertaker W M Rountree

Address 230 N Green St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98987

City of Baltimore, (No. 2228 Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME infant of Elizabeth Dawson and Flenard Keller

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Color
DATE OF BIRTH	1 (Month) (Day) Year)
AGE	years, 3 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	— —
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Flenard Keller
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Elizabeth Downs
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	— —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Downs

(Address) 2228 Division St

Filed 3/9 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 16th 1907 to March 8th 1907 that I last saw her alive on March 8 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Bronchitis

(DURATION) 7 DAYS

Contributory Exhaustion

(DURATION) 7 DAYS

(Signed) [illegible] M. D.

March 8 1907 (Address) 712 S. Ann

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Auburn	March 9 1907
UNDERTAKER	ADDRESS
William J Johnson	614 Baker

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

98988

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98988

City of Baltimore, (No. N.T.C. Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Hilton Holdman.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal

COLOR: Whit

DATE OF BIRTH: 3 (Month) - 17 (Day) 1906 (Year)

AGE: ..... years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E. M Starr

(Address) N.T.C. Hospl.

Filed 3/9 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 3 (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1 1906 to Mar 5 1907 that I last saw h im alive on Mar 5 1907, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia -

(DURATION) 15 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) J. M Rubrah M. D.

190 (Address) 824 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Mar 9 1907

UNDERTAKER: C M Blizzard & Co

ADDRESS: 1115 Pa ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 98989 — Registered No. B 98989

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 727 Chapelle St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Rosie Stevenson

{Residence, if in Baltimore, Give Street and Number.} 727 Chapelle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: Colored
DATE OF BIRTH: June 11th 1905	
AGE: 1 years, 8 months, 23 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Nathaniel Stevenson	
BIRTHPLACE OF FATHER (State or country): Balto.	
MAIDEN NAME OF MOTHER: Annie Henry	
BIRTHPLACE OF MOTHER (State or country): Iowa	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Stevenson

(Address) 727 Chapel St.

Filed 3/9 1907 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.) Pneumonia

(DURATION) 14 DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baltzell M.D.

Address 710 Log. av. (Coroner)

Date Mar. 8th 1907

Place of Burial Mt. Auburn

Date March 9 1907

Undertaker Wm. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 98990 Registered No. B 98990

176

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ of Maryland Hosp St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Wesels

{ Residence, if in Baltimore, Give Street and Number. } 1019 Leadenhall

Duration of Residence in Baltimore. 29 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER John Wessels

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Ellen Robb.

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Wessels

(Address) 12 W Church St.

Filed 3/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3/7 1907

I HEREBY CERTIFY, That I attended deceased from As before 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

following injuries accidentally received Feb 1. 07 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilstrap M.D.

Address 711 W. Lanvale Coroner

Date 3. 8. 1907

Place of Burial Laurel Cemetery

Date March 9 1907

Undertaker John H. Toadvine

Address 142 Mt. Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 98991 Registered No. B 98991

93 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 416 N. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert G. Brown

{Residence, if in Baltimore, Give Street and Number.} 416 N. Regester St

Duration of Residence in Baltimore. 11 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR B

DATE OF BIRTH 1

AGE 25 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Alex Brown

BIRTHPLACE OF FATHER (State or country) Dont Know

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Wales Island

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H Lenard

(Address) Wales Island Md

Filed 3/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 8 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 2.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Louis Camillus M.D.

Address Corner Md & 2

Date Mar 8 1907

Place of Burial Wales Island Md

Date March 9th 1902

Undertaker Wm J Gaskaon

Address 142 Whitkin St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 98992 Registered No. B 98992

1427

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 S. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hugh Sidney

{ Residence, if in Baltimore, Give Street and Number. } 212 South Caroline

Duration of Residence in Baltimore. 48 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Fisher

(Address) 122 Baxter St

Filed 3/9 1907 HARRY C. ARROWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8th 1907

I HEREBY CERTIFY, That I attended deceased from About Sept 1907 to 8th March 1907 that I last saw him alive on 8th Feb 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary) Pneumonia. (DURATION) 8 days

(Signed) Geo. Chandler M.D.

Address 209 E. Chase St.

Date Sept March 8th 1907

Place of Burial St Vincents

Date March 11 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ALTH DEPARTMENT, City of Baltimore.

Ward ... 98993 Registered No. B 98993

CERTIFICATE OF DEATH.

(Place of Death.) No. 2932 Elliott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ferdinand b Rose

{Residence, if in Baltimore, Give Street and Number.} 2932 Elliott St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ... 1 ...

AGE ... 55 ... years, ... months, ... 4 ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City Baltimore

FULL NAME OF FATHER John Rose

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Rose

(Address) 2932 Elliott St

Filed 3/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 — 1907

I HEREBY CERTIFY, That I attended deceased from — 190... to — 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...M.

CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(Accidentally, by escaping gas)

... (DURATION) ... DAYS

Contributory (Primary.)

... (DURATION) ... DAYS

(Signed) Thomas Luther Anno M.D.

Address 320 ½ Greene St.

Date ... 190...

Place of Burial Mt Pauls. Conn

Date March 10 1907

Undertaker Wm Cook

Address 502 E Fairmount

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 98994

CERTIFICATE OF DEATH.

(Place of Death.) No. 2803 Eastern Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alvina Emilie Schmidt.

{ Residence, if in Baltimore, Give Street and Number. } 2803 Eastern Ave. 98995

Duration of Residence in Baltimore. ~~3~~ 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 7th 1848

AGE: 58 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Andreas Rentzhen

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry L. Schmidt

(Address) 2803 Eastern Ave.

Filed 3-9- 1907 J.M.C.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 7, 1907.

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Mar 7, 1907 that I last saw her alive on Mar 7 1907, and that death occurred, on the date stated above, at 2:30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) DAYS

Contributory (Primary.) Brights Disease

(DURATION) 46 DAYS

(Signed) Geo. W. Dulany M.D.

Address 22 S. Patterson Park Ave

Date March 7, 1907

Place of Burial: Cedar Hill Cem.

Date March 9th 1907.

Undertaker H. SANDER & SONS,

Address 1702-1710 Clinton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B 98995

CERTIFICATE OF DEATH.

104 V

(Place of Death.) No. 1606 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wazlaw Dzbinski

{Residence, if in Baltimore, Give Street and Number.} Baltimore 98995

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Feb 12 1907

AGE: ..... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Walenty Dzbinski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Nowaczek

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Dzbinska

(Address) 1606 Lancaster St

Filed 3-9- 1907 JAC Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 9 th 1907

I HEREBY CERTIFY, That I attended deceased from March 8 1907 to March 8 th 1907 that I last saw h in alive on March 8 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion (DURATION) 14 DAYS

Contributory (Primary.) Inanition (DURATION) 10 DAYS

(Signed) J. J. Szwalbski M.D.

Address 1922 S. Ann St

Date March 9th 1907

Place of Burial Holy Rosary

Date Sunday March 10 " 1907

Undertaker M F. Sudowski

Address 705 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

Registered No. B.....

CERTIFICATE OF DEATH.

(Place of Death.) No. 919 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant child of Mr Mrs Wm Chase

{Residence, if in Baltimore, Give Street and Number.} 919 Argyle Ave

989\6

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: March 8 1907

AGE: — years, — months, 3 hrs. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Wm Chase

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Anna Pauline Oliver

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Chase

(Address) 919 Argyle ave

Filed 3-9- 1907 JAC.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1907

I HEREBY CERTIFY, That I attended deceased from 3/8 1907 to 3/8 1907

that I last saw him alive on 3/8 1907,

and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lived 3 hrs

"Premature Delivery" 6½ mo. Fortus.

Period of Ut. Gestation 6½ mos.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W G Jack M D

Address Baltimore Md.

Date March 8 1907

Place of Burial Laurel Cemetery

Date March 9 — 1907

Undertaker Alex Kennedy

Address 578 N. Biddle Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 98997 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 618 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Bruning

{ Residence, if in Baltimore, Give Street and Number. } 618 S. Paca St

Duration of Residence in Baltimore. 5-9 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug. 10th 1824

AGE 82 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Simon A. Bruning

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna S. Pothast

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Bruning

(Address) 618 S. Paca St.

Filed 3-9- 1907 J. A. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8, 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1906 to Mar. 8, 1907 that I last saw him alive on March 7, 1907, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fatty degeneration of heart

(DURATION) 4 Months

Contributory (Primary.) Senile decay (DURATION) Months

(Signed) Albert S. Chambers M.D.

Address 614 S. Paca, St.

Date March 8, 1907

Place of Burial Loudon Park Cemetery

Date March 10th 1907

Undertaker Philip Secrest & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward ..... 98998 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 793 George St St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Winters

{Residence, if in Baltimore, Give Street and Number.} 793 George st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Winters

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary G Murry

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 3/9/1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 - 1907

I HEREBY CERTIFY, That I attended deceased from March 2 - 1907 to March 9 1907

that I last saw h[illegible] alive on March 8th 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-Spinal Meningitis

about (DURATION) 3 DAYS

Contributory (Primary.) Gastritis

about (DURATION) 10 DAYS

(Signed) Carlton M Cook M.D.

Address 1101 W. Lanvale St.

Date March 9 - 1907

Place of Burial New Cathedral

Date March 10 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151 ✓

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 98999

City of Baltimore, (No. 909 N. Payson St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

Infant of Joseph & Annie

FULL NAME Levitt

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH March (Month) 8 (Day) 1907 (Year)

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Joseph Levitt

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Arnstein.

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Levitt

(Address) 909 N. Payson St

Filed 3/10 1907

EDIT'S. [illegible]
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 8 1907 to ..... 190.....

that I last saw h.m alive on ..... 190.....,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Premature Birth (7 mo) Twins.

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) W. H. Mayhew, M. D.

March 9 1907 (Address) 182 W. Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Philips Rd Herr Run

DATE OF BURIAL Mar 10, 1907

UNDERTAKER Maf Levinson

ADDRESS 1138 Lan[illegible]

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1510

CERTIFICATE OF DEATH.

Registered No. B 99000

City of Baltimore, (No. 909 N. Payson St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME — Levitt.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Male — COLOR: White	DATE OF DEATH: March (Month) 8 (Day) 1907 (Year)
DATE OF BIRTH: March (Month) 8 (Day) 1907 Year	I HEREBY CERTIFY, That I attended deceased from March 8 1907 to Mch 8, 1907
AGE: ..... years, ... months, 1 days	that I last saw h.. alive on ..... 190.....,
SINGLE, MARRIED, ~~WIDOWED, OR~~ DIVORCED	and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:
BIRTHPLACE (State or country): Baltimore	Premature Birth 7 mo) Twins
FULL NAME OF FATHER: Joseph Levitt.	
BIRTHPLACE OF FATHER (State or country): Russia	DURATION ..... DAYS
MAIDEN NAME OF MOTHER: Annie Aronstein	Contributory .....
BIRTHPLACE OF MOTHER (State or country): Russia	DURATION ..... DAYS
OCCUPATION OF DECEASED: —	(Signed) W. H. Mayhew M. D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Mch 9 1907 (Address) 1828 W. Lafayette
(Informant) Joseph Levitt	SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
(Address) 909 N. Payson St	Former or Usual Residence ..... How long at Place of Death? ..... Days
Filed Mch 10 1907 [illegible] Registrar	Where was disease contracted, if not at place of death?
	PLACE OF BURIAL OR REMOVAL: Philpd Iden Run — DATE OF BURIAL: Mar. 10 1907
	UNDERTAKER: M of Levinson — ADDRESS: 1138 Division St

WM. J. C. DULANY CO., BALTIMORE.

...HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 99001

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Paul.

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 57 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) .....

Filed March 1907 ✓ Registrar

ECW

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 3 - 9 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 7 1906 to 3-9 1907 that I last saw h-e alive on 3-9 1907, and that death occurred, on the date stated above, at 1.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffused Nephritis
Stricture of Rectum

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion.

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address BAY VIEW ASYLUM ✓

Date ..... 190...

Place of Burial Balto. Cem.

Date Mar. 10" 1907

Undertaker Trudell Liphart & Kay

Address 330 S. Bond. ✓

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 99002 Registered No. B 99002

CERTIFICATE OF DEATH.

(Place of Death.) No. 2200 Gough St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Mc Donald

{Residence, if in Baltimore, Give Street and Number.} 2200 Gough St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 9. 1907

AGE 7 hours — years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER James McDonald

BIRTHPLACE OF FATHER (State or country) Balt

MAIDEN NAME OF MOTHER Elizabeth Myers

BIRTHPLACE OF MOTHER (State or country) Balt

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Mc Donald

(Address) 2200 Gough St

Filed Mar 10 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9th 1907

I HEREBY CERTIFY, That I attended deceased from March 9 1907 to — 190..

that I last saw her alive on Mch. 9 1907,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions —

(DURATION) DAYS

Contributory (Primary) Cardiac Paralysis —

(DURATION) DAYS

(Signed) Charles A Reese M.D.

Address 619 E Pat Park Ave

Date March 9th 1907

Place of Burial Loudon Park Cemetery

Date Mar 11 1907

Undertaker Kendall & Leppel Co

Address 334 E Bond St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single), **color, birthplace, occupation, cause and date of death.**

Ward 6 99003 Registered No. B 99003

CERTIFICATE OF DEATH.

(Place of Death.) No. 1715 Carlisle Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant Child of Geo. & Molly Hildebrandt

{ Residence, if in Baltimore, Give Street and Number. } 1715 Carlisle Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 8 1907
AGE	7 hours
	..... years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	George Hildebrandt
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Mollie Greggs
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. Hildebrandt

(Address) 1715 Carlisle St

Filed Mar 10 1907

Registrar

Mar 6-07 Vacs

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1907

I HEREBY CERTIFY, That I attended deceased from March 8 1907 to March 8 1907 that I last saw him alive on March 8 1907 and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

overlying Child

(DURATION) 7 Hours

Con'ributory (Primary) Exhaustion

(DURATION) 7 Hours

(Signed) J. J. Avery M.D.

Address 1823 Broadway

Date March 8 1907

Place of Burial Mount Carmel

Date March 9 1907

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

O.K. J. Cauley Coroner

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...Health Department, City of Baltimore.

Ward ..... Registered No. B 99004

CERTIFICATE OF DEATH.

(Place of Death.) No. 502 S. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Sosnowski

{Residence, if in Baltimore, Give Street and Number.} 502 S. Montford Ave

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia Poland.

FULL NAME OF FATHER: Martin Krajewski.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Julia Krajewski.

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wazyniazn Sosnowski.

(Address) 502 S. Montford Ave

Filed

Mar 10 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 2nd 1907 to March 8 1907 that I last saw her alive on March 8 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) John Roth M.D.

Address 2007 Eastern Ave

Date March 9th 1907

Place of Burial Holy Rosary

Date March 12th 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 Registered No. B 99005

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CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Matilda Newman.

{ Residence, if in Baltimore, Give Street and Number. } Hebrew Hospital

Duration of Residence in Baltimore. Nine months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER ✓

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ✓

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Lawrence

(Address) 5348 Balto

Filed May 8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to May 9 1907 that I last saw her alive on May 9 1907, and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 30 DAYS

Contributory (Primary) Carcinoma of Intestines (DURATION) 2 DAYS

(Signed) Thos. Bagley M.D.

Address Hebrew Hospital

Date May 9th 1907

Place of Burial Mar Sinai

Date May 10 1907

Undertaker Hart & Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92 L

CERTIFICATE OF DEATH.

Registered No. B 99006

City of Baltimore, (No. 1025 E. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jake Cohen

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Dario Cohen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Seigle

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Cohen.

(Address) 1025 E. Fayette St.

Filed Mar 10 1907

Registrar

Lew

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 3 (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 3/1 1907 to 3/9 1907

that I last saw him alive on 3/9 1907,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

3 weeks. (DURATION) ..... DAYS

Contributory Cardiac Asthenia

..... (DURATION) ..... DAYS

(Signed) S. C. Kutzoff M. D.

3/9 1907 (Address) 116 Hisginbotham St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Philip Rd Roosdale — DATE OF BURIAL: Mar 11, 1907

UNDERTAKER: Mort Levinson — ADDRESS: 1138 Lawrence

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

Registered No. B 99008

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1311 Lemon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sam'l Clayton

{Residence, if in Baltimore, Give Street and Number.} 1311 Lemon St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH Unknown

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Jas Clayton

BIRTHPLACE OF FATHER (State or country) Philadelphia Pa

MAIDEN NAME OF MOTHER Jane ——

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Hamby

(Address) 1311 Lemon St

Filed Mar 18, 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 7 1907

I HEREBY CERTIFY, That I attended deceased from Mch 5 1907 to Mch 7 1907

that I last saw h in alive on Mch 7 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 4 DAYS

Con ributory (Primary.) Asthenia

(DURATION) 4 DAYS

(Signed) V L Norwood M.D.

Address 739 W Fayette

Date Mch 15 1907

Place of Burial Mt Auburn Cemetery

Date March 18. 1907

Undertaker P L & Watts

Address 10 E Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99007

City of Baltimore, (No. 704, Francis St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Annie D. Lang

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 24th 1857 (Month) (Day) (Year)

AGE 49 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) New Jersey

FULL NAME OF FATHER Jas. Monroe

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Emma Johnson

BIRTHPLACE OF MOTHER (State or country) New Jersey

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Laura Lang

(Address) 704 Francis St

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1905 to Mch 9 1907 that I last saw her alive on Mch 9 1907, and that death occurred, on the date stated above, at 3.17 A.M. The CAUSE OF DEATH was as follows:

Valvular Disease of Heart

about 7 yrs (DURATION) DAYS

Contributory Cerebral Hemorrhage; 20 hrs. (DURATION) DAYS

(Signed) E. A. Smith M. D.

Mch 9 1907 (Address) 1605 N North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lorraine Ville Co	March 12 1907
UNDERTAKER	ADDRESS
J Thos E Hargadon & Co	1422 Pine ✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

Registered No. B 99009

CERTIFICATE OF DEATH.

(Place of Death.) No. 741 Dew Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Plummer

{Residence, if in Baltimore, Give Street and Number.} 741 Dew Alley

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Perth. Md.

FULL NAME OF FATHER Geo. Plummer

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Lizzie Johnson

BIRTHPLACE OF MOTHER (State or country) Perth. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. B. Stewart

(Address) 741 Dew Alley

Filed Mch 10 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to March 8th 1907

that I last saw her alive on March 8th 1907

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Anemia

Phthisis (DURATION) 8 months DAYS

Contributory (Primary.)

(Signed) Harold A. Meyer M.D.

Address 1031 N. Caroline St

Date Baltimore Md. March 9th 1907

Place of Burial Laurel Cemetery

Date March 10. 1907

Undertaker A. St. J. Watts

Address 206 N. Eden Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9950

City of Baltimore, (No. 122 West 20th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabella Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Unknown (Month) (Day) 1849 (Year)

AGE: 57 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Forsythe

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Isabell Armstrong

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed March 10 1907

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH [redacted] (Month) March (Day) 9 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from February 23 1907 to March 9 1907 that I last saw her alive on March 8 10 1907, and that death occurred, on the date stated above, at 3-40 P. M. The CAUSE OF DEATH was as follows:

Pneumonia & Pleurisy

Upper Lobe

(DURATION) 14 DAYS

Contributory Heart Dilatation

Pericardial Effusion (DURATION) 2 DAYS

(Signed) Albert K. Heller M. D.

March 9 1907 (Address) 1 E. Read St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: March 11 1907

UNDERTAKER: M. Fahey & Sons — ADDRESS: 606 Lafayette Av

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B 99011

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1042 Penna Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. McGarvey.

{Residence, if in Baltimore, Give Street and Number.} 1042 Penna ave.,

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Feb. 1852

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Michael Hanley

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Mary Hanley

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M F McGarvey

(Address) 1042 Penn Ave

Filed March 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9. 1907

I HEREBY CERTIFY, That I attended deceased from March 8 1907 to March 9 1907 that I last saw her alive on March 8 1907, and that death occurred, on the date stated above, at 8.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

24 hours (DURATION) — DAYS

Contributory (Primary.) Nephritis

— (DURATION) — DAYS

(Signed) Geo. W. Bennett M.D.

Address 800 Harlem ave

Date March 9. 1907

Place of Burial St. Charles Pikesville

Date March 12th 1907

Undertaker A. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 99012

CERTIFICATE OF DEATH.

(Place of Death.) No. 2306 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmer A. Borgman

{ Residence, if in Baltimore, Give Street and Number. } 2306 E. Monument st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 12 1902

AGE: 4 years, 7 months, 25 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: /

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: August Borgman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Hane

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Borgman

(Address) 2306 E Monument st

Filed

Mar 10 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9th 1907

I HEREBY CERTIFY, That I attended deceased from March 6 1907 to March 9 1907 that I last saw him alive on March 9 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) 3 DAYS

Contributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C Eisenberg M.D.

Address 2213 Orleans St

Date March 9 1907

Place of Burial Mt Carmel Cemetery

Date MAR 10 1907 4 P. M. 1907

Undertaker Christian Miller

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 99013

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 520 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara A. McKay

{Residence, if in Baltimore, Give Street and Number.} 520 N. Bradford st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 31 1906

AGE 1 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Edwin McKay

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Lena Bauers

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin McKay

Address 520 N. Bradford st

Filed Mar 10 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 — 1907.

I HEREBY CERTIFY, That I attended deceased from Mar. 6 — 1907 to Mar. 8 — 1907 that I last saw h — alive on Mar. 8 — 1907 and that death occurred, on the date stated above, at 10:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date March 9 — 1907.

Place of Burial Mt Carmel Cemetery

Date MAR 11 1907 190

Undertaker Christian Miller

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99013

City of Baltimore, (No. 1434 Rutland St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm R. Harrison

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 12th (Month) (Day) 1 (Year)

AGE ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER J. E. Harrison

BIRTHPLACE OF FATHER (State or country) East Con't Md.

MAIDEN NAME OF MOTHER M. V. Latchum

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) J. E. Harrison

(Address) 1434 Riversdale St.

Filed Mar 10 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1907 to Nov. 8th 1907

that I last saw him alive on Nov. 7th 1907,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Mal-Nutrition

(DURATION) DAYS

Contributory .....

(DURATION) DAYS

(Signed) Allen Daniels M. D.

Nov. 9th 1907 (Address) 1238 Lebanon.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? / Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Balto Com | DATE OF BURIAL March 10 1907

UNDERTAKER J. E. Evans | ADDRESS 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...EPARTMENT, City of Baltimore.

Ward 23 Registered No. B 99015

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augustine Hume

{Residence, if in Baltimore, Give Street and Number.} 1606 Eastern Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 28 18[illegible]

AGE: 63 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Tinman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday,

(Address) Supt.

Filed Mar 10 1903

Registrar

BAY VIEW ASYLUM.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1903

I HEREBY CERTIFY, That I attended deceased from Jan 8 1903 to March 9 1903 that I last saw him alive on March 9 1903, and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary T.B.

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Norris M.D.

Address

Date 190

Place of Burial Holy Cross Cem

Date March 11th 1903

Undertaker E Hasle

Address 115 E West St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, who shall view the body, in case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person su... setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** ... deceased, and the **cause and date of death.**

Ward 14 — 9906 — Registered No. B 41V

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Short

{ Residence, if in Baltimore, Give Street and Number. } Bluefield W Va

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 28 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo K. McClean

(Address) John Hopkins Hospital

Filed 3/10 1907 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1907

I HEREBY CERTIFY, That I attended deceased from Jan 13 1907 to March 9 1907

that I last saw he alive on March 9 1907,

and that death occurred, on the date stated above, at 11 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) 3 DAYS

Contributory (Primary.) Cancer. Rectum MD

(DURATION) 6 DAYS

(Signed) H B Stone M.D.

Address Johns Hopkins Hospital

Date March 10 1907

Place of Burial Bluefield W. Va

Date [illegible] 1907

Undertaker [illegible]

Address [illegible] E. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward..... 99017 Registered No. B..... 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Garfield

{Residence, if in Baltimore, Give Street and Number.}.....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Black
DATE OF BIRTH: ...1...	
AGE: 40 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant).....

(Address).....

Filed Mar 10 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 8 1907

I HEREBY CERTIFY, That I attended deceased from 2-5 1907 to 3-8 1907

that I last saw h... on 3 March 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

Emphysema

.....(DURATION)..... DAYS

Contributory (Primary.) Epilepsy

.....(DURATION)..... DAYS

(Signed) R R Norris M.D.

Address .....

Date March 10 1907

Place of Burial Woodlawn

Date March 10 1907

Undertaker H. E. Elliott

Address 506 Maryland Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 99018 Registered No. B 99018

CERTIFICATE OF DEATH.

934

(Place of Death.) No. 536 Gold St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nathan Thomas

{Residence, if in Baltimore, Give Street and Number.} 536 Gold St

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1840

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Prince George Co

FULL NAME OF FATHER: Samuel Williams

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Martha Williams

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Thomas

(Address) 536 Gold St

Filed 3/10 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1907

I HEREBY CERTIFY, That I attended deceased from March 3 1907 to March 8 1907 that I last saw h[illegible] alive on March 8 1907, and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 8 DAYS

Contributory (Primary.) Cardiac Hypertrophy (DURATION) ..... DAYS

(Signed) Wm H. Wright M.D.

Address 1373 N. Carey St.

Date March 9 1907

Place of Burial Collington Hatton Physicians Lot United States National Cemetery

Date March 11 1907

Undertaker Felix B. Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 | 99019 | Registered No. B ✓ 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 625 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alex. Smith.

{Residence, if in Baltimore, Give Street and Number.} 625 Pierce st.

Duration of Residence in Baltimore. 22 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: 1868 1

AGE: 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): St. Mary Co.

FULL NAME OF FATHER: Thos. Shultz

BIRTHPLACE OF FATHER (State or country): St. Mary Co

MAIDEN NAME OF MOTHER: Julia L

BIRTHPLACE OF MOTHER (State or country): St Mary Co.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Smith

(Address) 625 Pierce St

Filed 3/10 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 8th 1907

I HEREBY CERTIFY, That I attended deceased from Mar 6 1907 to Mar 8 1907 that I last saw h[illegible] alive on Mar 8 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 3 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F. C. Link M.D.

Address 1313 W. Northern

Date Mar 9th 1907

Place of Burial St Peters Cemetery

Date March 11 1907

Undertaker Felix B. Fye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 12 — 99020 — Registered No. B ... 9 L

CERTIFICATE OF DEATH.

(Place of Death.) No. 3628 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Norris Vr. Wilson

{Residence, if in Baltimore, Give Street and Number.} 3628 Cedar Ave

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH Aug 16 1902

AGE 4 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Parkton Md

FULL NAME OF FATHER Hulbert N Wilson

BIRTHPLACE OF FATHER (State or country) Parkton Md

MAIDEN NAME OF MOTHER Lydia M. Wright

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED In Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. H N Wilson

(Address) 3628 Cedar Ave

Filed 3/11 1907 ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 10 1907

I HEREBY CERTIFY, That I attended deceased from Mch 9 1907 to Mch 10th 1907

that I last saw h in alive on Mch 9th 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Membranous Croup asphixia + Collapse

(DURATION) 4 DAYS

Contributory (Primary) Diphtheria Don't know

(DURATION) DAYS

(Signed) Wm. H. Feddeman M.D.

Address 800 1st Ave

Date Mch 10/07 1907

Place of Burial Mt Olivet

Date Mar. 11 1907

Undertaker H. S. Marshall

Address 3539 Falls Road

10 a m

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 99022 Registered No. B 99022

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Adele Braun

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Beh
DATE OF BIRTH: Aug. 10 1906	
AGE: — years, 6 months, 29 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): Unknown	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): Unknown	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 720 S Madison Ave.

Filed 3/11 1907 CLERK C. ORPHANS' COURT PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1907 to Mar. 9 1907 that I last saw h-- alive on Mar 8 1907, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 6 mo. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 720 S Madison Ave

Date March 9 1907

Place of Burial Mt. Cathedral Cemetery

Date March 11 1907

Undertaker Felix B. Pyz

Address 12 E Chesapeake St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

99021

Registered No. B 99021

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Raymond Lowe

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: June 19 1907

AGE: — years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie McNamara

(Address) 2005 Madison Ave.

Filed 3/11 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1907

I HEREBY CERTIFY, That I attended deceased from June 20 1906 to Mar 8 1907 that I last saw h alive on Mar 8 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 49 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Annie McNamara M.D.

Address 2005 Madison Ave

Date March 9 1907

Place of Burial New Cathedral Cemetery

Date March 11 1907

Undertaker Felix B. Pyz

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, residence, occupation, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6th

99023

Registered No. B 99023

CERTIFICATE OF DEATH.

(Place of Death.) No. 405 N. Montford Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name James Edward Donohue

{Residence, if in Baltimore, Give Street and Number.} 405 N. Montford Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 14, 1885

AGE 21 years, 2 mont's, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore,

FULL NAME OF FATHER James E. Donohue

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Wirth

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E. Donohue

(Address) 405 N. Montford Ave.

Filed 3/11 1907

HARRY C. ARMIGER, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to March 9 1907 that I last saw h-- alive on March 8 1907 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Paralysis

(DURATION) DAYS

Con'ributory (Primary.) Mitral Insufficiency

3 mo (DURATION) DAYS

(Signed) C. F. Burk M.D.

Address 1523 E Balto

Date March 11 1907

Place of Burial Oak's Lawn Cemetary

Date March 12. (1907) 190

Undertaker Louis Heemann

Address 6 S Caroline

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 99024

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99024

City of Baltimore, (No. 118 S. Caroline St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Moses Aranoff

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: — (Month) — (Day) 1855 (Year)

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Harry Aronoff.

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lina Rovinski

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Israel Belman

(Address) 116 S. caroline

Filed 3/11 1907

HARRY C. ANDREWS, PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 10 1907 to March 10 1907 that I last saw him alive on March 10 1907, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

a Tuberculosis

(DURATION) 10 months DAYS

Contributory

(DURATION) DAYS

(Signed) W. Hirschman M. D.

3/10 1907 (Address) 900 E. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philip Rd Roas Dale — DATE OF BURIAL: Mar 11, 1907

UNDERTAKER: Max Levinson — ADDRESS: 1138 Low st

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — Registered No. B 99025

99025

CERTIFICATE OF DEATH.

(Place of Death.) No. 1164 Low St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Crumm

{Residence, if in Baltimore, Give Street and Number.} 1164 Low

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W

DATE OF BIRTH ... 1...

AGE ... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER David Crumm

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Butinskie

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Crumm

(Address) 1164 Low st

Filed 3/11 1907 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 10 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (Sudden)

... (DURATION) ... DAYS

Contributory (Primary.)

... (DURATION) ... DAYS

(Signed) Fred'k Carnell M.D.

Address Coroner

Date Mar 10 - 07 1907

Place of Burial Philips Rd Roas Dale

Date Mar 11 1907

Undertaker Mat Lennon or

Address 113 E Low st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 99026 Registered No. B 99026

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632 N. Washington St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Lee J. Cullum Sr

{Residence, if in Baltimore, Give Street and Number.} 1632 N. Washington st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 8 1

AGE 11 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Lee J. Cullum

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Lois E Moore

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Lee J. Cullum Sr

Address 1632 N. Washington st

Filed 3/11 1907

HARRY C. ASKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to March 9 1907

that I last saw h[illegible] alive on March 9 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 21 DAYS

Contributory (Primary.) Mitral & Aortic Regurgitation (DURATION) 3 yrs DAYS

(Signed) A. J. Kytin M.D.

Address 2204 E. Monument East

Date March 10 1907

Place of Burial Mt. Carmel Cem.

Date MAR 11 1907 190

Undertaker Wm. J. Fay

Address 901 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 99028 Registered No. B 99028 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1717 Edmondson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dutrow Duvall Blocher

{Residence, if in Baltimore, Give Street and Number.} 1717 Edmondson Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 31st 1906

AGE: ..... years, 9 months, 2 Twelve days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William O. Blocher

BIRTHPLACE OF FATHER (State or country): Baltimore city

MAIDEN NAME OF MOTHER: Emma P. Blocher

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William O. Blocher

(Address) 1717 Edmondson Ave

Filed 3/11 1907 EARL C. ARMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10th 1907

I HEREBY CERTIFY, That I attended deceased from Birth 1906 to March 10 1907

that I last saw him alive on March 8 1907,

and that death occurred, on the date stated above, at 9:35 A. M. CAUSE OF DEATH (Secondary or Immediate

Heart failure

Bronchio Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. D. Duvall M.D.

Address

Date March 10 1907

Place of Burial Western Cemetery

Date March 11th 1907

Undertaker H. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 9902 Registered No. B 9902 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 735 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Daley

{Residence, if in Baltimore, Give Street and Number.} 735 Harford Ave

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 60 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Andrew Gallaghan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Mastason

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Houswife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 735 Harford Ave

Filed 3/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Get Bond & Permit

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 8th 1907

I HEREBY CERTIFY, That I attended deceased from Mch 6th 1907 to Mch 8th 1907

that I last saw h[e] alive on Mch 7th 1907

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Ch. Vals. Endocarditis

(DURATION) — DAYS

Con'ributory (Primary.) —

(DURATION) — DAYS

(Signed) Jeffrey Buck M.D.

Address 2844 St Paul St

Date Mch 9th 1907

Place of Burial St Vincents

Date March 11 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmt. Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

99029 Registered No. B 99029

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Smith

{Residence, if in Baltimore, Give Street and Number.} 123 Chestnut St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Robt Ramsey

BIRTHPLACE OF FATHER (State or country): — — — —

MAIDEN NAME OF MOTHER: — — — —

BIRTHPLACE OF MOTHER (State or country): — — — —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Smith

(Address) 123 Chestnut St

Filed 3/11 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 1907

I HEREBY CERTIFY, That I attended deceased from Sudden 190 to Sudden 190

that I last saw h— alive on — 190—, and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(DURATION) — DAYS

(Signed) Benj. W. Hampton Coroner M.D.

Address 126 N. Caroline St

Date March 11 1907

Place of Burial Woodlawn

Date March 11 1907

Undertaker R. J. Elliott

Address 426 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 17

99030 Registered No. B 99030

CERTIFICATE OF DEATH.

(Place of Death.) No. 1529 Lancaster St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Andrzej Frankowski

{Residence, if in Baltimore, Give Street and Number.} 1529 Lancaster

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: ....years, 5 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jan Frankowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Frowcy Kujawa

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frowcy Frankowski

(Address) 1529 Lancaster St

Filed 3/11 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1907

I HEREBY CERTIFY, That I attended deceased from Feb 10 1907 to March 11 1907

that I last saw h... alive on March 11 1907

and that death occurred, on the date stated above, at ....

11. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

2 mos (DURATION) ....DAYS

Contributory (Primary.)

(DURATION) ....DAYS

(Signed) J. J. Valentine M.D.

Address 2 E Broadway

Date March 11 1907

Place of Burial Holy Rosary

Date 11 March 1907

Undertaker Jacob Falkowski

Address 928 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

...DEPARTMENT, City of Baltimore.

Ward V 99032 Registered No. B 99032 ✓

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name James F. Fleishall

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 15 1833

AGE: 73 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/11 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9. 1907

I HEREBY CERTIFY, That I attended deceased from June 1. 1906 to March 9. 1907 that I last saw him alive on March 9 1907. and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate

Lobar pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Pericarditis

(DURATION) Null DAYS

(Signed) J. M. Adams M.D.

Address Bay View Asylum

Date March 9. 1907

Place of Burial Balto. County

Date March 11 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

BAY VIEW ASYLUM.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

99031

Registered No. B

City of Baltimore, (No. 1102 Hare St.; 1st Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James E. R. McClelland

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec (Month) 2 (Day) 1906 (Year)

AGE: ..... years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Geo. W. McClelland

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Margaret E. Finn

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. W. McClelland

(Address) 1102 Hareet

Filed 3/11 1907

HEAD OF BUREAUS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 10, 1907 to March 10, 1907

that I last saw h[illegible] alive on " " 1907

and that death occurred, on the date stated above, at 8:45 A. M. The CAUSE OF DEATH was as follows:

Entero Colitis

(DURATION) 2 DAYS

Contributory " "

(DURATION) 2 DAYS

(Signed) H. L. Reckard M. D.

3-10-1907 (Address) 910 S. Canton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Chase, Baltimore | DATE OF BURIAL: March 12 1907

UNDERTAKER: Zirkler & Zirkler | ADDRESS: 1239 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward IV 99033 Registered No. B

CERTIFICATE OF DEATH. 99033

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Celia Ann Womack

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 4 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 41 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) North Carolina

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 3/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8, 1907

I HEREBY CERTIFY, That I attended deceased from Febry. 13 1906 to March 8, 1907 that I last saw her alive on March 8, 1907 and that death occurred, on the date stated above, at 9.55 A.M. CAUSE OF DEATH (Secondary or Immediate)

Encephalitis

about 24 DAYS (DURATION)

Con'tributory (Primary.) General Paresis (DURATION) Unknown

(Signed) J M Dennis M.D.

Address

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date Mar 8th 190 7

Undertaker William E. Woodyer

Address 184 Aisquith St

WM. J. C. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93

HEALTH DEPARTMENT, City of Baltimore.

Ward 99034 Registered No. B 99034

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Henry Caphus
Caphus

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/11 1907 CLERK OF ANDREWS PERAIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1907

I HEREBY CERTIFY, That I attended deceased from 2-20 1907 to 3-9 1907 that I last saw h[illegible] alive on 3-9 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) — DAYS

Contributory (Primary.) Pulmonary TB

(DURATION) DAYS

(Signed) R. Norris M.D.

Address BAY VIEW ASYLUM.

Date Mar 9th 1907

Place JOHNS HOPKINS HOSPITAL

Date Mar 9th 1907

Undertaker William H. Woodes

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

98

Ward ..... 99035 Registered No. B 99035

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1226 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Louis

{Residence, if in Baltimore, Give Street and Number.} 1226 Argyle Ave.

Duration of Residence in Baltimore.. 53 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH June 19th 1835

AGE 71 years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Hanover Germany

FULL NAME OF FATHER Selig Baumgarten

BIRTHPLACE OF FATHER (State or country) Hanover Germany

MAIDEN NAME OF MOTHER Minnie Cohen

BIRTHPLACE OF MOTHER (State or country) Hanover Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustav Louis

(Address) 1226 Argyle Ave.

Filed 3/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from Feby 8th 1907 to Mch 8th 1907 that I last saw her alive on Mch 8 1907, and that death occurred, on the date stated above, at 5.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Senility

..... (DURATION) 4 weeks DAYS

Contributory (Primary.) Exhaustion (DURATION) 1 DAYS

(Signed) Thomas J Talbot M.D.

Address 1701 Eutaw Place

Date Mch 10th 1907

Place of Burial Balto. Hebrew Cemetery Belair Rd.

Date March 10th. 1907

Undertaker Evans & Spence

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward. 10 99036 Registered No. B 99036

CERTIFICATE OF DEATH.

Place of Death.) No. 1028 N. Gilmore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine E. Trumbo

{Residence, if in Baltimore, Give Street and Number.} 1028 N. Gilmore St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 11th 1837 (1837 / 18 8 5)

AGE: 69 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Feegafoose

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Gertrude Wole

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Wm. Meeks.

(Address) 1028 N. Gilmore St.

Filed 3/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 10th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 18th 1906 to March 10th 1907 that I last saw her alive on March 9th 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mental Paresis

1 year (DURATION) DAYS

Contributory (Primary.)

old age (DURATION) 1 DAYS

(Signed) H. W. Webner M.D.

Address 723 N. Lombard St.

Date March 11th 1907

Place of Burial Loudon Park

Date March 12 1907

Undertaker Wm J. Talbert Sons

Address Carden & Lanvale

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

95037 Registered No. B 95037 V

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1007 Booth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Taylor

{Residence, if in Baltimore, Give Street and Number.} 1007 Booth St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH Unknown 1

AGE 49 (48) years, ... mon'ts, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) do

MAIDEN NAME OF MOTHER do

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. B. Jones

(Address) 24 Saratoga St

Filed 3/11 1907 CLERK OF ENOCH PRATT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 8 1907

I HEREBY CERTIFY, That I attended deceased from Feb 19 1907 to Mch 8 1907

that I last saw him alive on Mch 8 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

Acute

(DURATION) 14 DAYS

Contributory (Primary) Cardiac

Accidental (DURATION) 5 DAYS

(Signed) J. J. Monroe M.D.

Address 1338 Fayette St

Date Mch 9 1907

Place of Burial Loud Mineola

Date March 12 1907

Undertaker P. C. Elliott

Address 506 Rogers Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

99038

Registered No. B 11

City of Baltimore, (No. 736 N Pine St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Ebey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Frank C Ebey

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Lucas

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C Ebey

(Address) 736 N Pine St

Filed 3/11 1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 8th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 7 1907 to March 8 1907

that I last saw h alive on March 7 1907

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Obstruction of Bowel
Paralysis Insufficiency

..... (DURATION) ..... DAYS

Contributory

Senile Mrs ..... (DURATION) ..... DAYS

(Signed) Fred Blair ..... M. D.

March 11 1907 (Address) 1018 W Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Calvary

DATE OF BURIAL: March 11 1907

UNDERTAKER: Boone & Shutt

ADDRESS: 500 Pine

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

...DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B 99039

CERTIFICATE OF DEATH.

(Place of Death.) No. 310 College Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliz. A. Bedford

{Residence, if in Baltimore, Give Street and Number.} 310 College Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Afro-Am

DATE OF BIRTH 1845

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) West Indies

FULL NAME OF FATHER Isaac Bedford

BIRTHPLACE OF FATHER (State or country) West Indies

MAIDEN NAME OF MOTHER Annie Bedford

BIRTHPLACE OF MOTHER (State or country) West Indies

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lavinia Brown

(Address) 310 Old Ave

Filed 3/11 1907 (CLERK OF ARCHIVES) (PERMIT CLERK) Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3-10 1907

I HEREBY CERTIFY, That I attended deceased from Jan 12th 1907 to Mch 10th 1907 that I last saw h[illegible] alive on Mch 9th 1907 and that death occurred, on the date stated above, at 7.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

Home work (DURATION) DAYS

Contributory (Primary.) Dropsy

Some days (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mon. Ave

Date 3/11/'07 1907

Place of Burial Laurel Cemetery

Date March 12 1907

Undertaker P. H. Matthews

Address 506 Eutaw Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 99040 Registered No. B 99040

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Robert Scrotsberg

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Unknown 1

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown

BIRTHPLACE (State or country) U

FULL NAME OF FATHER U

BIRTHPLACE OF FATHER (State or country) U

MAIDEN NAME OF MOTHER U

BIRTHPLACE OF MOTHER (State or country) U

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lamar Hollyday

(Informant) .....

BAY VIEW ASYLUM

(Address) .....

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1906 to March 7 1907

that I last saw h alive on March 7 1907

and that death occurred, on the date stated above, at 6 25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Chronic Cystitis.

Chronic diffuse Nephritis (DURATION) ..... DAYS

Contributory (Primary) Cirrhosis of Kidneys (DURATION) ..... DAYS

(Signed) R R Voss M.D.

Address Bay View Hospital

Date March 10 1907.

Place of Burial Sacred Heart Cemetery

Date March 12" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

99041 Registered No. B 99041

CERTIFICATE OF DEATH.

(Place of Death.) No. 1214 Walnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Johnson

{Residence, if in Baltimore, Give Street and Number.} 1214 Walnut St

Duration of Residence in Baltimore. 26 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colrd

DATE OF BIRTH: Unknown 1

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Anthony Payton

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. A. Johnson

(Address) 1814 Walnut St.

Filed 3/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 9th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

11. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

died Suddenly (DURATION) ... DAYS

Con ributory (Primary.)

(DURATION) ... DAYS

(Signed) Wm. Balcomb M.D.

Address Two Lafayette Square

Date Mar. 9th 1907

Place of Burial Mt. Zion Cemetery

Date March 11 1907

Undertaker Wm. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9

Registered No. B 99042

99042

CERTIFICATE OF DEATH.

(Place of Death.) No. 1616 Bethel Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E. Johnson

{Residence, if in Baltimore, Give Street and Number.} 1616 Bethel Court

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 36 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Joseph Johnson

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Georgeina Boldman

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Harris

(Address) 1616 Bethel Court

Filed 3/11 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 8 — 1907

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....,

and that death occurred, on the date stated above, at 7 ....M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion (Sudden)

....(DURATION).... DAYS

Contributory (Primary.) ....

....(DURATION).... DAYS

(Signed) Fred'k Carruthers M.D.

Address Coroners Dept

Date March 8 1907

Place of Burial Old Bethel Cemetary Balto Co. Md

Date March 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99043

City of Baltimore, (No.) 1630 Clarkson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carrie Seibert

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 30 (Month) (Day) 1853 (Year)

AGE: 53 years, 4 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Seibold

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Seibert

(Address) 630 Clarkson st.

Filed 3/11 190 7

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 8" 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ~~Feb 25~~ 1907 to March 8" 1907 that I last saw her alive on March 7 1907, and that death occurred, on the date stated above, at 10 10 A. M. The CAUSE OF DEATH was as follows:

Diabetic Gangrene of foot

(DURATION) 12 DAYS

Contributory Nephritis

(DURATION) — DAYS

(Signed) Wm J McDonald M. D.

Mar 8" 1907 (Address) 1303 Linden Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Carmel	March 9 1907
UNDERTAKER	ADDRESS
Jos. Stumtebeck	1318 Light St

WM. J. C. DULANY CO., BALTIMORE

Ward 1 99044 Registered No. B 99044

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1520 Thames St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bronislawa Rudnicki

{Residence, if in Baltimore, Give Street and Number.} 1520 Thames St

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ....years, 4 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Anton. Rudnicki.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Helen Bentkowska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Rudnicki.

(Address) 1520 Thames St

Filed 3/11 1907 HARRY C. [illegible], PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 1907

I HEREBY CERTIFY, That I attended deceased from March 5 1907 to March 9 1907

that I last saw h er alive on March 9 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea (convulsions)

(DURATION) DAYS

Contributory (Primary) Acute meningitis (DURATION) 5 DAYS

(Signed) J. J. Josephson M.D.

Address 230 S. Broadway

Date March 10 1907

Place of Burial Holy Rosary.

Date Monday March 11 " 1907

Undertaker M. F. Sadowski.

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 99045 — Registered No. B 99045

CERTIFICATE OF DEATH.

(Place of Death.) No. 1340 N Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. T. Wright

{Residence, if in Baltimore, Give Street and Number.} 1340 N Carey St

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Wm Wright

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Coal Peler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Pressman St

Filed 3/11 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 10 1907

I HEREBY CERTIFY, That I attended deceased from Feb 12 1907 to March 10 1907 that I last saw him alive on March 9 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Epithelioma Face

(DURATION) 3 DAYS

Contributory (Primary.) Cancer of the Stomach (DURATION) 6 Months

(Signed) John E Finch M.D.

Address 647 W Lexington St

Date March 10 1907

Place of Burial Mt Auburn

Date March 11 1907

Undertaker JAMES H. DENNIS.

Address 1332 PRESSMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

99046

Registered No. B 99046

CERTIFICATE OF DEATH.

916

(Place of Death.) No. 1413 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lemuel Tyler

{Residence, if in Baltimore, Give Street and Number.} 1413 Bruce St

Duration of Residence in Baltimore. Left Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: January 1 1890

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John W Tyler

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Nan

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Pressman St

Filed 3/11 1907

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9th 1907

I HEREBY CERTIFY, That I attended deceased from March 5th 1907 to March 9 1907

that I last saw him alive on March 8 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) A. J. Bell M.D.

Address 1321 W. Lanvale St

Date March 9 1907

Place of Burial Mt Auburn

Date March 11 1907

Undertaker J. H. DENNIS,

Address 1332 PRESSMAN ST.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 99047 — Registered No. B 99047

CERTIFICATE OF DEATH.

(Place Death) Md. Homeopathic Hospital St. — If Death occurred in Hospital or Institution, give its Name instead of Street and Number

Full Name Ann R Powell

{Residence, if in Baltimore, Give Street and Number.} 1105 Patrick alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Chas H Powell

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Brooks

(Address) 1105 Patrick al.

Filed 3/11 190 7 — HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 10th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

..... DURATION ..... DAYS

Con'tributory (Primary.) Accidental Burns ..... DURATION ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. (Colored)

Date Mar. 11th 1907

Place of Burial Ant Abbey

Date March 13 1906

Undertaker R. L. Parham

Address 1213 Pansh st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 99048 — Registered No. B 99048

CERTIFICATE OF DEATH.

(Place of Death.) No. 925 N. Bond str. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Drechsler

{Residence, if in Baltimore, Give Street and Number.} 925 n. Bond str.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH June 22 nd 1886

AGE 20 years, 9 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Henry J. Kemmerer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louise Gamrodt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Jno. J. Drechsler

Address 520 N. Caroline St.

Filed 3/11 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10th 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to March 1907

that I last saw her alive on March 10th 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(Contributory, Primary) Pulmonary Tuberculosis (DURATION) 9 months DAYS

(Signed) Harry H. Magee M.D.

Address 1031 N. Caroline str.

Date March 10th 1907

Place of Burial Baltimore Cemetery

Date March 12 1907

Undertaker Wm. Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 99049

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99049

City of Baltimore, (No. 1528 Light St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Mamie E. Stewart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1— Year)

AGE: 39 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: James A Lemmon

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Sarah P Irwin

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: James A Lemmon

(Address) 1528 Light St.

Filed 3/11 1907

HARRY B. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1906 to March 9 1907 that I last saw her alive on March 8 1907, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Tuberculosis

3 Months (DURATION) 9 DAYS

Contributory consumption (DURATION) DAYS

(Signed) W. C. Wiley M. D.

March 12 1907 (Address) 753 W. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: March 12 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E. Fayette St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

99050

Ward 7B *Registered No. B* 99050

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1038 *St.* S Charles

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank J Carney

{Residence, if in Baltimore, Give Street and Number.} ~~1fa~~ 1038 S Charles

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	12 – 24 – 1877
AGE	29 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	John Carney
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	do not know
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Carney

(Address) 1038 S. Charles

Filed 3/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1907

I HEREBY CERTIFY, That I attended deceased from Mch 4 1907 to Mch 9 1907 that I last saw him alive on Mch 9 1907, and that death occurred, on the date stated above, at 9½ A M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Gross M.D.

Address 1340 S Charles

Date March 11 1907

Place of Burial Mar 12

Date Mar 11 New Cathedral 1907

Undertaker John J Fahey

Address 1232 Hillsing st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — Registered No. B 99051

99051

CERTIFICATE OF DEATH.

(Place of Death.) No. 435 W. Hamilton Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm H. Griffin

{Residence, if in Baltimore, Give Street and Number.} 435 W. Hamilton Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female — COLOR col

DATE OF BIRTH 1

AGE 62 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm H Griffin

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Ind

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Griffin

(Address) 435 W Hamilton St

Filed 3/11 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to 7 Mch 1907

that I last saw h— alive on March 7 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

4 hrs (DURATION) DAYS

Con'tributory (Primary) Exhaustion 4 hrs (DURATION) DAYS

(Signed) C. H. Firebaugh M.D.

Address 713 S Ellwood Ave

Date March 11th 1907

Place of Burial Mt Auburn

Date March 11 1907

Undertaker Jas H Harper

Address 609 E Pratt St

WM. J. C. DULANY CO., BALTIMORE

...ed and ordained, That whenever any person shall die in the said city it shall be ...uring his or her last sickness, or the Coroner, when the case comes under his ...death, to the Undertaker, or other person superintending the burial, a certificate ...l, the full name, sex, age, color, condition (whether married or single) of the person

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 99052 Registered No. B 99052

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Shipley

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH November 25th 1817

AGE 90 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jos. Shipley

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER M. Greenwood

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

BAY VIEW ASYLUM.

(Informant) Mrs Margaret E. Shipley

(Address) 731 Jefferson St.

Filed 3/11 1907

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to March 9 1907

that I last saw h alive on March 9 1907,

and that death occurred, on the date stated above, at 3 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Secondary Chronic diffuse Nephritis

Arterio Sclerosis

..... (DURATION) ..... DAYS

Contributory (Primary) Hypostatic Pneumonia (DURATION) ..... DAYS

(Signed) R R Sonnt M.D.

Address Bay View Asylum

Date March 10 1907.

Place of Burial Western Cemetery

Date March 12th 1907

Undertaker Liston P. Trussell

Address 510 N. Gay st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 99053 Registered No. B 99053 ✓

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1039 N. Calvert St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Freeman Rasin.

{ Residence, if in Baltimore, Give Street and Number. } 1039 N. Calvert St.

Duration of Residence in Baltimore... Sixty years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White.

DATE OF BIRTH: March 11- 1833.

AGE: 73. years, 11- months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Kent ~~Queen Anne~~ County. Md.

FULL NAME OF FATHER: Robert Wilson Rasin.

BIRTHPLACE OF FATHER (State or country): Kent County

MAIDEN NAME OF MOTHER: Mary Rebecca Ringgold

BIRTHPLACE OF MOTHER (State or country): Queen Anne County-

OCCUPATION OF DECEASED: Retired -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Rasin

(Address) 1039 N. Calvert St.

Filed 3/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March ~~10th~~ 9th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 23rd 1907 to Mar 9th 1907 that I last saw him alive on Mar 9th 1907, and that death occurred, on the date stated above, at 1.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Coma -

Some hours (DURATION) DAYS

Contributory (Primary.) Cerebral hemorrhage

(DURATION) 14 DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N. Caroline St

Date Mar. 9th 1907

Place of Burial Greenmount

Date Mch 12th 1907

Undertaker Hellenthal & Son Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 99054 Registered No. B 99054

CERTIFICATE OF DEATH.

(Place of Death.) No. 1408 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Brown

{Residence, if in Baltimore, Give Street and Number.} 1408 Linden Ave

Duration of Residence in Baltimore. 87 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 4th June 1819

AGE 87 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Patrick Caughy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth Dixon

BIRTHPLACE OF MOTHER (State or country) Cambridge Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. C. Brown

(Address) 1408 Linden ave

Filed 3/11 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 7 1907 that I last saw h[er] alive on March 9 1907, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.) old age (DURATION) DAYS

(Signed) Charles O'Donnell M.D.

Address 10 E. Read St.

Date March 11 1907

Place of Burial Greenmount

Date March 12th 1907

Undertaker H. W. Jenkins Son Co

Address 233 N. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 99055 — Registered No. B 99055

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital, Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs ~~E.~~ Emily Waddell Woodside.

{Residence, if in Baltimore, Give Street and Number.} 2118 Maryland Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 17 1850

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Rogers Martin

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Harriet Ann Barnes

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Rachel Woodside

(Address) Baltimore

Filed 3/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1907

I HEREBY CERTIFY, That I attended deceased from March 6 1907 to Mch 11th 1907 that I last saw her alive on Mch 11th 1907, and that death occurred, on the date stated above, at 1.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

6 (DURATION) hrs DAYS

Contributory (Primary.) Peritonitis.

Carcinoma Uterus (DURATION) ~~3~~ DAYS

(Signed) R. W. Crawford. M.D.

Address University Hospital

Date Mch 11th 1907

Place of Burial Gr E Enmorth

Date March 13th 1907

Undertaker Herbert Sim & Son Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 99056 Registered No. B 99056

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2545 Oak St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name infant s. Alvin + Clara Hill - Male

{Residence, if in Baltimore, Give Street and Number.} 2545 Oak St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR col

DATE OF BIRTH March 10 11 Bill 1907

AGE ..... years, ... months, 2 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Alvin Hill

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Clara Spraggins.

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter Burden

(Address) 22 S Fulton Ave

Filed 3/11 1907 HARRY O. ADKINS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 March 1907

I HEREBY CERTIFY, That I attended deceased from the Birth 90 to March 11 1907 that I last saw h[illegible] alive on March 1907, and that death occurred, on the date stated above, at 11 AM. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

of about 7 hrs.

Not Viable gestation

(DURATION) DAYS

Contributory (Primary.) Premature Birth

(DURATION) DAYS

(Signed) A H Bayley M.D.

Address 22 S Fulton Ave

Date March 11 1907

Place of Burial Laurel Cem.

Date March 11 1907

Undertaker Wm Doyle & Son

Address 17 E Lee St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 99057 — Registered No. B 99057

CERTIFICATE OF DEATH.

(Place of Death.) No. 2306 E Balto St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Krebs

{Residence, if in Baltimore, Give Street and Number.} 2306 E Balto St

Duration of Residence in Baltimore. 77 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 3 1829

AGE: 77 years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Carlile

BIRTHPLACE OF FATHER (State or country): Phila.

MAIDEN NAME OF MOTHER: Ellen Henderson

BIRTHPLACE OF MOTHER (State or country): Ft Lancaster

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L Stoll

(Address) 2306 E Balto St

Filed 3/11 1907

HARRY C. ANDRAE, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 9 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1 1907 to Mch 9 1907

that I last saw h Sr alive on Mch 9 1907

and that death occurred, on the date stated above, at 11:45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Intercranial Hemmorhage (DURATION) 36 DAYS

Contributory (Primary.) Exhaustion (DURATION) X DAYS

(Signed) H. J. Powers M.D.

Address 2371 E Preston

Date Mch 10 1907

Place of Burial Greenmount

Date March 12 1907

Undertaker Henry Lutz

Address 1009 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

99058

Registered No. B.....

City of Baltimore, (No. 1613 N. Caroline St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Mc Kenney

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: ✓ (Month) ✓ (Day) 1842 (Year)

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1613 N. Caroline

Filed 3/11 1907

HARRY O. ANDERSON
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1907 to March 10 1907 that I last saw her alive on March 9 1907, and that death occurred, on the date stated above, at 12.3° A. M. The CAUSE OF DEATH was as follows:

Diabetis Mellitus

..... (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) ..... DAYS

(Signed) James M. Fenton M. D.

March 11 1907 (Address) 710 E Chase St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Bethel Cemetery

DATE OF BURIAL: 3/12 1907

UNDERTAKER: Evans & Spence

ADDRESS: 418 N. Milton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99059

City of Baltimore, (No. 509, N Port St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia S A Gannon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: March 25 (Month) 11 Months (Day) 1906 (Year)

AGE: ..... years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Los Angeles Cal

FULL NAME OF FATHER: John Gannon

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Catherine Martz

BIRTHPLACE OF MOTHER (State or country): Cumberland MD

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gannon

(Address) 509 N Port St

Filed 3/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 9 1907 to March 10 1907 that I last saw h[illegible] alive on March 10 1907, and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia.
Convulsions

(DURATION) ..... DAYS

Contributory Broncho-Pneumonia

(DURATION) ..... DAYS

(Signed) H. J. Maldeis M.D.

Mar. 10 1907 (Address) 319 N. Paca St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: March 12 1907

UNDERTAKER: Wm J Schaff — ADDRESS: 8 S Front St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...DEPARTMENT, City of Baltimore.

Ward 24 Registered No. B 98060 ✓

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 442 E Cross ST St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Borrane (Berrane)

{Residence, if in Baltimore, Give Street and Number.} 442 E Cross St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH 1842

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Ship carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 3/11 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 25th 1907 to March 9th 1907

that I last saw h[im] alive on March 8th 1907

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles St

Date March 9 1907

Place of Burial Baltimore Cem.

Date March 12. 1907

Undertaker Daniel & Marg't S. Tilyou

Address 42 E. West St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B 9906

CERTIFICATE OF DEATH.

(Place of Death.) No. 1434 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Lowe

{ Residence, if in Baltimore, Give Street and Number. } 1434 Jackson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH Nov. 12 1905

AGE 1 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jerome Lowe

BIRTHPLACE OF FATHER (State or country) ~~Md.~~ Va.

MAIDEN NAME OF MOTHER Mary Deane

BIRTHPLACE OF MOTHER (State or country) Dinwiddie Co Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1434 Jackson

Filed 3/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1907

I HEREBY CERTIFY, That I attended deceased from 2/6 1907 to 3/9 1907 that I last saw h er alive on 2/9. 1907, and that death occurred, on the date stated above, at 4:40 a m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 4 DAYS

Contributory (Primary.) Peritonitis

(DURATION) 4 DAYS

(Signed) L J Dunnington M.D.

Address 1210 N Fulton Ave

Date 3/9 1907

Place of Burial St Mary's Star of the Sea Cemt. Taylor Island Md

Date March 12. 1907.

Undertaker Daniel ing Morgan & Glynn

Address 42. E. Mon-St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 99062 Registered No. B 99062

CERTIFICATE OF DEATH.

(Place of Death.) No. 1811 Druid Hill, ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Rhoda Proctor,
1811 Druid Hill, ave.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Col
DATE OF BIRTH	Dec 25 1848
AGE	58 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Georgia
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Verona Proctor

(Address) 1811 Druid Hill ave

Filed 3/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 1907

I HEREBY CERTIFY, That I attended deceased from Mar 9 1907 to Mar 10 1907 that I last saw h alive on Mar 9 1907, and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Contributory (Primary.) Bad Surroundings (DURATION) 4 Mos

(DURATION) Not Known

(Signed) Albert J. Chambers M.D.

Address 614 S. Paca St

Date Mar 12 1907

Place of Burial Mt Auburn

Date March 14th 1907

Undertaker Done & Hurst

Address 1011 N Calhoun St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 99063 *Registered No.* **B** 99063 ✓

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CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Samuel Lyles

{ *Residence, if in Baltimore, Give Street and Number.* } Crafton Sta

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/11 1907 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 10 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1907 to March 10 1907

that I last saw h in alive on March 10 1907,

and that death occurred, on the date stated above, at 1230 P. M.

CAUSE OF DEATH (Secondary or Immediate) Chronic diffused Nephritis, Pulmonary Tuberculosis Arteriosclerosis (DURATION) DAYS

Contributory (Primary.) Hypostatic Pneumonia (DURATION) DAYS

(Signed) R R Vosmer M.D.

Address Bay View Hospital

Date March 11 1907

Place of Burial Laurel Co. Md

Date March 11 1907

Undertaker Wm H Burns

Address Woodlawn

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 99064 — Registered No. B 99064

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Gen. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis Taylor

{ Residence, if in Baltimore, Give Street and Number. } 304 Shark St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

NOTE Certificate was mislaid and entry not made until March 11th, 1907 burial was made on February

Filed 3/11 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1, 1907

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to Feb 1 1907 that I last saw him alive on Feb 1, 1907 and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's Disease

(DURATION) DAYS

Contributory (Primary.) Uraemia (DURATION) 5 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hosp.

Date Feb 2, 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Feb 2 1907

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99065

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99065

City of Baltimore, (No. 833 W. Fayette St / St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Nellie & Baby Frizzell

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: March 7. 1907 (Month) (Day) (Year)

AGE: ..... years, ... months, 24 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: R. L. Frizzell

BIRTHPLACE OF FATHER (State or country): Westminster Md.

MAIDEN NAME OF MOTHER: Nellie Lacy

BIRTHPLACE OF MOTHER (State or country): Salem N. J.

OCCUPATION OF DECEASED: ~ ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) the mother

(Address) 833 W. Fayette

Filed 3/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 8 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 7 1907 to March 8 1907 that I last saw he alive on March 8 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) ..... DAYS

Contributory Want of vitality, it being a 7 months child (DURATION) ..... DAYS

(Signed) Marie E. Thalheimer M. D.

March 9 1907 (Address) 814 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S. — DATE OF BURIAL: MAR 11 1907

UNDERTAKER: Commissioner Health. — ADDRESS: Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

99066

Registered No. B 99066

CERTIFICATE OF DEATH.

154 V

(Place of Death.) No. 1025 Concord Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet A. Chesney

{Residence, if in Baltimore, Give Street and Number.} 1025 Concord Place

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: March 26, 1838

AGE: 68 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Henry D. Stewart

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary Ann Fish

BIRTHPLACE OF MOTHER (State or country): U.S.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse F. Chesney

(Address) 1025 Concord Place

Filed 3/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1907

I HEREBY CERTIFY, That I attended deceased from about a year 190 to the Mar. 11 1907 that I last saw her alive on March 11 1907, and that death occurred, on the date stated above, at 11½ A. M. CAUSE OF DEATH (Secondary or Immediate)

A complication of diseases incident to old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W L Morgan M.D.

Address 202 W Franklin st

Date March 11th 1907

Place of Burial Greenmount Cemetery

Date Mar. 13, 1907

Undertaker H. W. Means 2nd Son

Address 805 W Calvert St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward X 99067 Registered No. B 99067

CERTIFICATE OF DEATH.

(Place of Death.) No. 909 North Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth A. Groff

{ Residence, if in Baltimore, Give Street and Number. } 909 W. Calvert St.

Duration of Residence in Baltimore. 5 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: June 11 — 1842

AGE: 64 years, 8 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto., Md.

FULL NAME OF FATHER: Wm. Denmead

BIRTHPLACE OF FATHER (State or country): Balto., Md.

MAIDEN NAME OF MOTHER: Rachel Baldwin

BIRTHPLACE OF MOTHER (State or country): Balto., Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Guy B. Groff.

(Address) Balto. Md.

Filed 3/11 1907 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 th. 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1901 to Mch 10 1907 that I last saw h[illegible] alive on Mch 9 1907, and that death occurred, on the date stated above, at 10:42 M. CAUSE OF DEATH (Secondary or Immediate)

Cancer

one year (DURATION) DAYS

Contributory (Primary.) [illegible]

Heart failure (DURATION) — DAYS

(Signed) David Z Druid M.D.

Address 1312 N. Chas St

Date Mch 10 1907

Place of Burial Greenmount Cem.

Date Mar. 12 1907

Undertaker W. W. Mears 2nd Son

Address 505 W. Calvert St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99068

City of Baltimore, (No. 830 Granby St.; 3rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alma Ruika.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: White.

DATE OF BIRTH: July (Month) 1 (Day) 1904 (Year)

AGE: 2 years, 8 months, 11 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Augustus Ruika.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Annie Sawchale.

BIRTHPLACE OF MOTHER (State or country): Russia

~~OCCUPATION OF DECEASED~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augustus Ruika

(Address) 830 Granby St.

Filed March 12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 7. 1907 to March 11 1907. that I last saw her alive on March 11 1907., and that death occurred, on the date stated above, at 5 a. M. The CAUSE OF DEATH was as follows:

Measles. And complication. Croupous pneumonia.

(DURATION) 9 DAYS

Contributory Cardiac failure

(DURATION) One DAY

(Signed) L. H. Colvain M. D.

March 11. 1907 (Address) 218 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
B. Standiford	Mar 12 1907
UNDERTAKER	ADDRESS
Jacob Fialkowski	428 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

99069

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99069

City of Baltimore, (No. 923 W. Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary Birmingham

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE 64 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna M. Monaghan

(Address) 1911 N. Franklin St.

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 6th 1907 to March 9th 1907 that I last saw h[er] alive on March 8th 1907, and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Right Pneumonia

(DURATION) 3 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) H. F. Hill M. D.

March 9th 1907 (Address) 1001 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters	March 12 1907
UNDERTAKER	ADDRESS
Jos B Cook	1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 99070 — Registered No. B 99070

CERTIFICATE OF DEATH.

(Place of Death.) No. 1907 Sapp Alve St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Allice Henson

{Residence, if in Baltimore, Give Street and Number.} 1907 Sapp Alve

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX f | COLOR B

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER David Briscoe

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary J. Butler

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1907 Sapp Alve

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 7 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pertusis Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Andrews M.D.

Address Lane Mar

Date Mar 9-07 190

Place of Burial Laurel

Date March 12 — 190 7

Undertaker R. A. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 10 — 99071 — Registered No. B 99071

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Michael Carpey

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1837

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Carpey

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Cavern

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

Address Preston & Valley sts

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 10th 1907

I HEREBY CERTIFY, That I attended deceased from No treat 190 to 190

that I last saw h alive on Mch 9 1907,

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

Unknown (DURATION) DAYS

Contributory (Primary) Dropsy

6 week (DURATION) DAYS

(Signed) F. McBurney M.D.

Address 1133 Valley st

Date Mch 10 1907

Place of Burial Holy Cross

Date March 12th 1907

Undertaker Henry C Wiedefeld

Address 914 greenmount av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

99072

Registered No. B 99072

CERTIFICATE OF DEATH.

Place of Death.) No. 824 Gallemmant ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James H. Mullin

{ Residence, if in Baltimore, Give Street and Number. } 824 Gallemmant ave.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 8 1857

AGE: 49 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Bernard Mullin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mc Gowan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Attorney

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard Mullin

(Address) 572 St. Paul st

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1907

I HEREBY CERTIFY, That I attended deceased from Sudden 190 death 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(DURATION) DAYS

(Signed) Benj. D. Haydon M.D.

Address 1216 N. Caroline st

Date March 10th 1907.

Place of Burial Cathedral

Date March 13 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 99073 — Registered No. B 99073 — 13

CERTIFICATE OF DEATH.

(Place of Death.) No. 827 Plum alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Margret Johnson

{Residence, if in Baltimore, Give Street and Number.} 827 Plum alley

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 87 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Dorchester co. Md

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Abraham Johnson

(Address 827 Plum alley

Filed 3/12 1907 — HARRY D. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 11 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 11 1907

that I last saw her alive on March 11 1907 12.30

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Malaria

(DURATION) 10 DAYS

(Signed) D. H. Hamilton M.D.

Address 4 W. Saratoga st

Date March 11 1907

Place of Burial Mt. auburn cem.

Date March 12th 1907

Undertaker S. L. Brown & Son

Address 108 W. Montgomery st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 99074 Registered No. B 99074

CERTIFICATE OF DEATH.

(Place of Death.) No. 40 Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosa Cohen

{Residence, if in Baltimore, Give Street and Number.} 40 S Eden

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: Mch 2 1907

AGE: — years, — months, 9 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Max Cohen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Jennie Brook

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Fraidin

(Address) 18 S. Hugh St

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 11 1907

I HEREBY CERTIFY, That I attended deceased from Mch 9 1907 to Mch 11 1907

that I last saw h~~er~~ alive on Mch 10 1907,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Erysipelas

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. F. Blake M.D.

Address 1523 E Balto St

Date Mch 11 1907

Place of Burial Phila Rd Roas Dale

Date Mar 12, 1907

Undertaker Max Levinson

Address 1138 Low St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99075

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99075

City of Baltimore, (No.) 2107 Barclay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

If death occurred in a Hospital or Institution, give its NAME instead of street and number.

FULL NAME Esmd B. Shum Shum

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 13 1858 (Month) (Day) (Year)

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: William Gosnell

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Harriett E Brown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edm Shum

(Address) 2107 Barclay St

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 9th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 4th 1907 to Mar. 9th 1907

that I last saw h[illegible] alive on Mar. 9th 1907

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Pericarditis

Paralysis of Heart from

Sudden Exertion (DURATION) 10 DAYS

Contributory (DURATION) DAYS

(Signed) Wm. Wright M. D.

March 11th 1907 (Address) 347 East 22nd St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 12 1907

UNDERTAKER: E G Wakefield & Brunner — ADDRESS: 217 [illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

99076

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99076

City of Baltimore, (No. 582, N. Biddle St.; 17th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Philip R. Vogel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March (Month) 26 (Day) 1820 (Year)

AGE: 86 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Miller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ger. Vogel

(Address) 582 N. Biddle

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 10th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1905 to March 10th 1907 that I last saw him alive on March 9th 1907, and that death occurred, on the date stated above, at 10.18 A. M. The CAUSE OF DEATH was as follows:

Ist Portatic Pneumonia (DURATION) 2 DAYS

Contributory Senility, fracture of neck of femur, shock (DURATION) 5 DAYS

(Signed) Chas. E. Bond, M. D.

March 11 1907 (Address) 510 E. 20th St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL 12th March 1907

UNDERTAKER: Geo. Bentz

ADDRESS 574 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 99077 — Registered No. B 99077

CERTIFICATE OF DEATH.

(Place of Death.) No The Almshouse, Baltimore — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A. Hall

{Residence, if in Baltimore, Give Street and Number.} The Almshouse Baltimore

Duration of Residence in Baltimore. Born 1- 1901 (6 yrs)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 6 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sup. Holladay

(Address) Church Home & Infs.

Filed 3/12 1907 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 10 1907

I HEREBY CERTIFY, That I attended deceased from Feb 25 1907 to Mar 10 1907

that I last saw him alive on Mar 9 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Diarrhoea

(DURATION) 6 Yrs DAYS

Contributory (Primary) Cirrhosis of Liver

(DURATION) 1 DAYS

(Signed) [illegible] M.D.

Address The Almshouse, Baltimore

Date Mar 10 1907

Place of Burial Odenton Md.

Date March 12 1907

Undertaker John A Daige

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6th

99078

Registered No. B 99078

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2712 Fairmount Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas J. Thornton.

{ Residence, if in Baltimore, Give Street and Number. } 2712 Fairmount Ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mch. 16th 1906

AGE: — years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John A. B. Thornton.

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary Roach.

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A B Thornton

(Address) 2712 Fairmount Ave

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 10 1907

I HEREBY CERTIFY, That I attended deceased from March 10 1907 to March 10 1907

that I last saw him alive on 11 10 1907,

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or immediate)

Pneumonia

(DURATION) 24 Hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Harris M.D.

Address S.W. Cor Milton Ave & Fayette St

Date March 11th 1907

Place of Burial New Cathedral Cemetery

Date MAR 13 1907 190

Undertaker Germans Funeral

Address Cor Bank & Wolfe sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27th 99079 Registered No. B 99079

CERTIFICATE OF DEATH.

(Place of Death.) No. 2030 Bank St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Fritz

{Residence, if in Baltimore, Give Street and Number.} 2030 Bank St.

Duration of Residence in Baltimore. about 37 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb. 19 1863
AGE	44 years, — months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	don't know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Cabinet-Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fritz

(Address) 2030 Bank St.

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 10th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Mar 10th 1907 that I last saw him alive on Mar 10th 1907, and that death occurred, on the date stated above, at 6 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 5 DAYS

Contributory (Primary.) Tuberculosis

(DURATION) 11 months DAYS

(Signed) C. K. Jennings M.D.

Address 1415 Madison Ave

Date Mar 10th 1907

Place of Burial Schwartz Cemetery

Date MAR 14 1907 1907

Undertaker Germania Funeral

Address Cor Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 99030 Registered No. B 99030

13

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632 E. Fort av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carolina Schmidt

{Residence, if in Baltimore, Give Street and Number.} 1632 E. Fort av

Duration of Residence in Baltimore. 38 yrs -

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Feby 17th 1834

AGE: 73 years, — months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Eland

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Carolina —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick W. Schmidt

(Address) 1701 etc Gay st

Filed 3/12 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9th 1907

I HEREBY CERTIFY, That I attended deceased from March 5 1907 to March 9 1907 that I last saw h alive on March 9 1907 and that death occurred, on the date stated above, at 5.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure - asphyxia

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 7 DAYS

(Signed) E. Judson Miller M.D.

Address 2029 W. Balto

Date March 10 1907

Place of Burial Baltimore

Date March 12 1907

Undertaker Geo. Frankenfield

Address 1318 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

City of Baltimore. 99081

Ward 14 99081 Registered No. B 11 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 786 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ella Gross

{Residence, if in Baltimore, Give Street and Number.} also 786 Sarah Ann Lane

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH 1906

AGE 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Benjiman Gross

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Addie. Gross

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Addie Gross

(Address) 786 Sarah Ann St

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 1907

I HEREBY CERTIFY, That I attended deceased from As before 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Holtzclaw M.D.

Address 711 W. Lanvale

Date 3, 11, 1907

Place of Burial Mt Auburn Cemetery

Date March 12 1907

Undertaker Felix B. Pyz

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8th

99082 Registered No. B 99082

CERTIFICATE OF DEATH.

(Place of Death.) No. 14 Belair Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Baltz

{Residence, if in Baltimore, Give Street and Number.} 14 Belair Ave.

Duration of Residence in Baltimore. 58 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 26 1842

AGE: 65 years, 1 month, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Philip Baltz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Weber

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Butcher (retired)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. Wm Ortman

(Address) 14 Belair Ave

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Mch 9 1907

that I last saw him alive on Mch 9 1907,

and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate)

Cerrhosis Hepatica

(DURATION) 5 mos DAYS

Contributory (Primary.) Cardiac Failure

(DURATION) 14 DAYS

(Signed) August Hom M.D.

Address 25 ch & St Paul Sts

Date Mch 11 th 1907

Place of Burial Baltimore Cemetery

Date Mch. 12 th 1907

Undertaker Philip Seewald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 99083 — Registered No. B 99083

CERTIFICATE OF DEATH.

(Place of Death.) No. 621 N. Central Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Mondawney

{Residence, if in Baltimore, Give Street and Number.} 621 N Centrale Ave

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1881

AGE 26 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER — Ryan

BIRTHPLACE OF FATHER (State or country) Backmore

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Dont Know

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Mondawney

(Address) 621 N Centrale Ave

Filed 3/12 1907 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 11th 1907 to March 10 1907

that I last saw her alive on March 10 1907,

and that death occurred, on the date stated above, at 12.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis
Complicating Pregnancy
1 Mo Puerperium (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Feb. 16. 1907

Place of Burial Mount Zion

Date March 13 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., Baltimore.

(1) SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99084

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99084

City of Baltimore, (No. 5. N. Dallas. St.; Ward.
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helen Maud Ballard.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: Apr. (Month) — 30. (Day) - 1896 (Year)

AGE: 10 years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Geo Ballard

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Charlotte Wilson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlotte Ballard

(Address) 5. N Dallas St

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 10 1907 to Mar 8 1907 that I last saw h[er] alive on Mar 8 1907, and that death occurred, on the date stated above, at 7 A.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis (Galloping)

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Thos H Mogness M. D.

3/8 1907 (Address) 1576 E Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Leonard's Crematory — DATE OF BURIAL: March 12 1907

UNDERTAKER: John W Henderson — ADDRESS: 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — 99085 — Registered No. B 99085

CERTIFICATE OF DEATH.

(Place of Death.) No. 883 W Lexington St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael F Carney

{Residence, if in Baltimore, Give Street and Number.} 883 W Lexington St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH ..... 1 .....

AGE 42 years, ... month's, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Tyer Md

FULL NAME OF FATHER Thomas Carney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ann

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Police Sergt Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Elba Carney

(Address) 883 W Lexington St

Filed 3/12 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 11 1907

I HEREBY CERTIFY, That I attended deceased from Mch 1906 to Mch 11 1907

that I last saw him alive on Mch 11 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

Pulmonalis

17 yr (DURATION) DAYS

Con'tributory (Primary.) Asthenia

2 mos (DURATION) DAYS

(Signed) H Howard M.D.

Address 1303 W Fayette St

Date Mch 11 1907

Place of Burial Tyer Md

Date March 14 1907

Undertaker John F Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

99086 Registered No. B 99086

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen'l Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm. G. High

{Residence, if in Baltimore, Give Street and Number.} Alberton, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Alfred High

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Alice A Laughman

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Viola High

(Address) Alberton Howard Co Md

Filed 3/12 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 11, 1907

I HEREBY CERTIFY, That I attended deceased from Mar 6, 1907 to Mar 11 1907 that I last saw h[illegible] alive on Mar 11 1907, and that death occurred, on the date stated above, at 6-00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholecystitis &
Peritonitis
?

P. 4 days (DURATION) DAYS

Contributory (Primary.) Septicaemia

(DURATION) 4 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen'l. Hosp.

Date Mar. 11 '07 190

Place of Burial Good Shepheard Ellicott City Howard Co Md

Date March 14 1907

Undertaker Thos H Easton & Sons

Address Ellicott City Howard Co

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 99087 — Registered No. B 99087 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 718 Third Ave Hampden St., (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Scott Harris

{Residence, if in Baltimore, Give Street and Number.} 718 Third Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 30 1905

AGE 1 years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Walter Harris

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Grace Williams

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Harris

(Address) 718 Third Ave

Filed 3/12 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from March 10 1907 to March 12 1907 that I last saw him alive on March 11 1907 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia following Measles.

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. A. Reiley M.D.

Address 3849 Roland Ave

Date March 12/1907 1907

Place of Burial St Mary's Hampden

Date Mar 13 1907

Undertaker Wm. E. Chenoweth & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

...DEPARTMENT, City of Baltimore.

Ward 16 — 99088 — Registered No. B 99088 / 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1113 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Phoebia Slaughter.

{Residence, if in Baltimore, Give Street and Number.} 1113 N. Calhoun st

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: [illegible] 1842

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): N. Y.

FULL NAME OF FATHER: Cesar Monro

BIRTHPLACE OF FATHER (State or country): N. Y.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): N. Y.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Jones

(Address) 1113 N Calhoun St

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 9 1907

I HEREBY CERTIFY, That I attended deceased from Mar 6 1907 to Mar 9 1907 that I last saw h[illegible] alive on Mar 9 1907, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

(

Pneumonia (DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Quinn M.D.

Address 1313 N. Carrollton ave

Date Mar 10th 1907

Place of Burial Mt. Auburn

Date March 13 — 1907

Undertaker P. A. Elliott

Address 506 Regent ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 99089 — Registered No. B 99089

CERTIFICATE OF DEATH.

934

(Place of Death.) No. 40 Saulsbury Court. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lenny Holmes

{Residence, if in Baltimore, Give Street and Number.} 12 Years

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: 1

AGE: 4 3 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 40 Saulsbury Ct

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1907

I HEREBY CERTIFY, That I attended deceased from —— 190 to —— 190

that I last saw h— alive on —— 190

and that death occurred, on the date stated above, at ——

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) James Sadler Coroner M.D.

Address 320 E Green St

Date 190

Place of Burial Woodlawn

Date March 12th 1907

Undertaker W. T. Collett

Address 526 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 99090 — Registered No. B 99090

CERTIFICATE OF DEATH.

(Place of Death.) No. 1219 Peabody St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Melvina Nicholson

{Residence, if in Baltimore, Give Street and Number.} 1219 Peabody

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 50 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Henderson

(Address) 1219 Peabody St.

Filed 3/12 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 11 — 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 3 2 a m. CAUSE OF DEATH (Secondary or Immediate

Br. Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Jos. K. Carothers M.D.

Address Coroner Mar

Date Mar 11 — 07 190

Place of Burial Laurel

Date March 13 — 190 7

Undertaker R. F. Gillett

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99091
92

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99091

City of Baltimore, (No. 1026 E. Madison St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillian Hodson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Negro

DATE OF BIRTH: Dec 15 1905 (Month) (Day) (Year)

AGE: 1 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James Hodson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Daisy Shultz

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy Woodland

(Address) 1026 E Madison

Filed 3/12 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 11 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 16th 1907 to March 11 1907 that I last saw her alive on March 10 1907 and that death occurred, on the date stated above, at 6.15 A. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 23 DAYS

Contributory

(DURATION) DAYS

(Signed) John T. Mack M. D.

March 11 1907 (Address) 936 E Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	March 13 1907
UNDERTAKER	ADDRESS
R. F. Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 99093 — Registered No. B 99093

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Budurac

{ Residence, if in Baltimore, Give Street and Number. } Immigrant -

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: March 11 1906

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) City Hospital

(Address) W. Calvert St.

Filed 3/12 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1907

I HEREBY CERTIFY, That I attended deceased from Mch 10 1907 to Mch 11 1907

that I last saw h[illegible] alive on Mch 11 1907

and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate

Diphtheria

..... (DURATION) DAYS

Contributory (Primary.)

..... (DURATION) DAYS

(Signed) D. A. Sorey M.D.

Address City Hospital

Date March 12 1907

Place of Burial Ft. Evergreen

Date March 12 1907

Undertaker H. Sander & Son

Address 1710 Canton ave.

2 1/2 P.M.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 99092 Registered No. B 99092

CERTIFICATE OF DEATH.

(Place of Death.) No. 612 N Central ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary O'Brien

{ Residence, if in Baltimore, Give Street and Number. } 612 N Central ave

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1872

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ind.

FULL NAME OF FATHER John Healy

BIRTHPLACE OF FATHER (State or country) Dont know

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Dont know

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. Hart

(Address) 612 N. Central ave

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1907

I HEREBY CERTIFY, That I attended deceased from March 6th 1907 to March 11th 1907 that I last saw her alive on March 11th 1907, and that death occurred, on the date stated above, at 7.10 P M. CAUSE OF DEATH (Secondary or Immediate)

Synecope

(DURATION) DAYS

Contributory (Primary.) Pleurisy

(DURATION) about 10 DAYS

(Signed) A C Reinoehl M.D.

Address 809 N Charles St

Date March 12th 1907

Place of Burial Mt. Olivet Cem.

Date Mar. 12th 1907

Undertaker John T. Groom

Address Bank & Ann Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...City of Baltimore.

Ward 21st 99094 Registered No. B 99094

CERTIFICATE OF DEATH.

27 ✓

(Place of Death.) No. 2041 Bank St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Walter H Byers

{Residence, if in Baltimore, Give Street and Number.} ~~Life~~ 2041 Bank St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH May 8th 1876

AGE 30 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Stanley M. Byers

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Emma Brown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Byers

(Address) 2041 Bank St

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1907 to Mch 10 1907

that I last saw him alive on Mch 9 1907,

and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

about 1 year (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 10 DAYS

(Signed) Geo Stellar M.D.

Address 1937 Gough St

Date Mch. 14 1907

Place of Burial London Park.

Date March 13th 1907

Undertaker ...& SONS.

Address ...N. Cor. Broadway & Belto. Sts. ...Eastern Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99095

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

99095

Registered No. B.....

City of Baltimore, (No. 1205, Mosher St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anthony Hedley

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan. 9 1837 (Month) (Day) (Year)
AGE	70 years, 2 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore, City.
FULL NAME OF FATHER	Joseph Hedley,
BIRTHPLACE OF FATHER (State or country)	Baltimore, City.
MAIDEN NAME OF MOTHER	Rebecca Giles,
BIRTHPLACE OF MOTHER (State or country)	Baltimore, City.
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harrison St. Rennem

Address 1205 Mosher St

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 10 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 4 1907 to Mar 10 1907 that I last saw h in alive on Mar 10 1907, and that death occurred, on the date stated above, at 8.30 P.M. The CAUSE OF DEATH was as follows: 1

Bronchio pneumonia

(DURATION) 10 DAYS

Contributory Cardiac weakness

(DURATION) 2 DAYS

(Signed) H. E. Kurtz M. D.

Mar 10 1907 (Address) 1002 Mt Auburn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery.	March 13 1907
UNDERTAKER	ADDRESS
Geo. W. Little,	531 N. Fremont St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — Registered No. B 99097

CERTIFICATE OF DEATH.

(Place of Death.) No. 827 W Collington Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George K Bitter

{ Residence, if in Baltimore, Give Street and Number. } 829 N Collington av

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	W
DATE OF BIRTH	March 10th 1907
AGE	49 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Christian Bitter
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Elizabeth D Att
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Grass Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Sophia Bitter

(Address 827 Collington av

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 3 1907 to Mch 10th 1907 that I last saw him alive on Mch. 10th 1907, and that death occurred, on the date stated above, at 11 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy

(DURATION) 10 DAYS

Contributory (Primary.) Bright's Disease

(DURATION) 30 DAYS

(Signed) Wm H. Johnson M.D.

Address 2017 E. Baltimore St

Date March 11th 1907

Place of Burial Greenmount

Date March 14 1907

Undertaker Wm J Schaeffer

Address S. E. Cor. Pratt St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 99096 Registered No. B 99096 ✓

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 112 Harford Ave. East St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Martin Keil

{Residence, if in Baltimore, Give Street and Number.} 112 Harford Ave East

Duration of Residence in Baltimore. 60 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	73 years. mon'ts. days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Edward L. Keil

(Address) 112 Harford ave. East.

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1907

I HEREBY CERTIFY, That I attended deceased from March 6 1907 to March 10 1907

that I last saw him alive on March 10 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Uraemia

(DURATION) 2 DAYS

(Signed) Augustus Mitt M.D.

Address 25 E 51st Phone 5

Date March 14th 1907

Place of Burial Baltimore Cemetery

Date March 14th 1907

Undertaker Henry Hooks & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...WEALTH DEPARTMENT, City of Baltimore.

Ward V

99098 Registered No. B 99098

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 623 South Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Lange

{Residence, if in Baltimore, Give Street and Number.} 623 South Wolfe St.

Duration of Residence in Baltimore. 48 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 23d 1836

AGE: 70 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Lange

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Justine Glaab

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta Lange

(Address) 623 S. Wolfe St

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1907

I HEREBY CERTIFY, That I attended deceased from March 5th 1907 to March 10th 1907

that I last saw him alive on March 10th 1907

and that death occurred, on the date stated above, at 5 30 P. M.

CAUSE OF DEATH (Secondary or Immediate) Enterocolitis

Contributory (Primary.) Cardiac ..... (DURATION) 2 DAYS

(Signed) Maximilian Lowe M.D.

Address 1535 E. Baltimore St

Date March 12th 1907

Place of Burial Baltimore Cem.

Date March 13th 1907

Undertaker H. Sander & Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 99099 — Registered No. B 99099

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1317 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard Franklin

{Residence, if in Baltimore, Give Street and Number.} 2317 Eastern ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 1st 1907

AGE: ... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Benjamin Franklin

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Katie Pugh

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Pugh

(Address) 2317 E Eastern Ave

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: march 11 1907

I HEREBY CERTIFY, That I attended deceased from march 10 1907 to march 11 1907 that I last saw him alive on march 11 1907 and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAY

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Dorn M.D.

Address 156 milton ave

Date march 12 1907

Place of Burial Mount Carmel

Date March 13th 1907

Undertaker H. Snyder & Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24th 99100 Registered No. B 99100

CERTIFICATE OF DEATH.

1204

(Place of Death.) No. N. E. cor Pitt & Aisquith St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Frank Baldwin

{Residence, if in Baltimore, Give Street and Number.} 1925 Orleans St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 10th 1859

AGE 47 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Anne Arundel Co

FULL NAME OF FATHER Thomas J. Baldwin

BIRTHPLACE OF FATHER (State or country) Anne Arundel Co

MAIDEN NAME OF MOTHER Mary E. Parkinson

BIRTHPLACE OF MOTHER (State or country) Annapolis

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Baldwin

(Address) 4202 N. Wolfe St.

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1907

I HEREBY CERTIFY, That I attended deceased from March 11 1907 to March 11 1907 that I last saw h[illegible] alive on March 11 1907, and that death occurred, on the date stated above, at 7.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Measles

(DURATION) 4 DAYS

(Signed) H. E. Hades M.D.

Address 1438 N. Bway

Date March 11 1907

Place of Burial Western Cemetary

Date March 14 1907

Undertaker Louis Hamann

Address 6 S Carolina

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 99101 — Registered No. B 99101

CERTIFICATE OF DEATH.

(Place of Death.) No. 1816 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Clayton Waters

{Residence, if in Baltimore, Give Street and Number.} 1816 Etting St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: April 17 1867

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Charles Waters

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Rag Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret [illegible] Waters

(Address) 1816 Etting St.

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1907

I HEREBY CERTIFY, That I attended deceased from Jan 12 1907 to March 11 1907 that I last saw him alive on March 11 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Congestion of Lungs (DURATION) 4 DAYS

Signed) W. J. Kastan M.D.

Address 85-2 W. Northern

Date March 12 1907

Place of Burial Mount Auburn cem

Date March 13 1907

Undertaker John H Owen Jr

Address 1222 Dumas Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99102

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

113

CERTIFICATE OF DEATH.

Registered No. B 99102

City of Baltimore, (No. Hallbrook ave. and 10th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Eisenhardt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ~~March~~ Nov 16 (Month) (Day) 1839 (Year)

AGE: 68 years, 3 months, 24 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John G. Eisenhardt

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Sophia Steinmetz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine Eisenhardt

(Address) Hallbrook ave & 10th Street

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 7th 1907 to March 10th 1907 that I last saw him alive on March 10th 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Biliary Calculi accompanied with great pain

(DURATION) DAYS

Contributory Jaundice and peritonitis

(DURATION) DAYS

(Signed) H. Z. Spp M. D.

March 11th 1907 (Address) 3050 Hillsdale ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: March 13 1907

UNDERTAKER: E. M. Mitchell

ADDRESS: 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. B 99103

CERTIFICATE OF DEATH.

(Place of Death.) No. 450 W. 25th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo J. Pearman.

{Residence, if in Baltimore, Give Street and Number.} 450 W. 25th St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 1906.

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) B. C.

FULL NAME OF FATHER Geo. Burns.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Bessie Pearman.

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Suffocation. Accidental

Caused by Overlaying on Chest by mother

Contributory (Primary.) ..... DAYS

..... (DURATION) ..... DAYS

(Signed) J. Smith Steiner M.D.

Address 818 N. Charles St.

Date March 12/07 1907

Place of Burial COLLEGE OF P. & S.

Date MAR 12 1907 190 ..

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

95

HEALTH DEPARTMENT, City of Baltimore.

Ward V

99104

Registered No. B [redacted] V

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 7 Guilford Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mary Julia Walton.

{ Residence, if in Baltimore, Give Street and Number. } 7 Guilford Alley.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: March 10 - 1907	
AGE: ..... years, ... months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto Md	
FULL NAME OF FATHER: Robert Lee	
BIRTHPLACE OF FATHER (State or country): North Carolina	
MAIDEN NAME OF MOTHER: Mary Julia Walton	
BIRTHPLACE OF MOTHER (State or country): Balto. Md.	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 - 1907

I HEREBY CERTIFY, That I attended deceased from March 10 - 1907 to March 11 1907 that I last saw h[illegible] alive on March 11 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

Contributory (Primary.) Inanition (DURATION) DAYS

(DURATION) DAYS

(Signed) J H Blanck M.D.

Address 622 W Lombard St

Date March - 11 - 1907

Place of Burial UNIVERSITY OF MARYLAND

Date MAR 12 1907 190

Undertaker Commissioner Health, W

Address Health Department

WM. J. C. DULANY CO., Baltimore.

94

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 V

Registered No. B [illegible] 99106

CERTIFICATE OF DEATH.

(Place of Death.) No. 540 Burgundy Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Hoot

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Dan West

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Ida Tenney

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dan West

(Address) 540 Burgundy

Filed

190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 1907

I HEREBY CERTIFY, That I attended deceased from Mch 10 1907 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Elliott M.D.

Address 211 N. Laura

Date Mch 11 1907

Place of Burial UNIVERSITY OF MARYLAND

Date MAR 12 1907 190

Undertaker Commissioner Health.

Address Health Department.

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., Baltimore.

94

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 99106 — Registered No. B 99106

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lloyd Earl Williams

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inft. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH June 10th 1907

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City.

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. A. Asy.

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1907

I HEREBY CERTIFY, That I attended deceased from March 7th 1907 to March 11th 1907

that I last saw h alive on March 11th 1907.

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 20 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

Signed) J. E. Fuller M.D.

Address 9. E. Biddle St.

Date March 12th 1907

Place of Burial Mt. Catharine

Date Mar. 13th 1907

Undertaker Martin Schutz Sons

Address 1011 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE

✓

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 99107 — Registered No. B 99107

179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Davis —

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inft. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Oct 17th 1906

AGE: ..... years, 7 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Asy.

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12th 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 190 7 to March 11th 190 7

that I last saw h[illegible] alive on 11 190 7.

and that death occurred, on the date stated above, at 3 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 125 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno S. Fowler M.D.

Address 96 E. Biddle St.

Date March 12 1907

Place of Burial Mt Cathedral

Date Mar 13th 1907

Undertaker Morgan Lahey & Sons

Address 110 E Fayette St E.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B 99108

99108

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Frederick Thomas

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR White

DATE OF BIRTH Jan 28th 1907

AGE ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to March 11 1907

that I last saw h-- alive on " 1907,

and that death occurred, on the date stated above, at 6 7 M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 25 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J. S. Fraser M.D.

Address 9. E. Baltimore St

Date March 12 1907

Place of Burial New Cathedral

Date Mar 13th 1907

Undertaker Wm. Fahey & Sons

Address 116 Saratoga Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 99109 — Registered No. B 99109

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital Balto St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Harkins

{Residence, if in Baltimore, Give Street and Number.} S. S. Hornby Castle

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: [illegible]

BIRTHPLACE (State or country): [illegible]

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address)

Filed 3/12 1907 HARRY C. ANDREWS, [illegible] CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from March 9 1907 to March 12 1907 that I last saw h[illegible] alive on March 12 1907, and that death occurred, on the date stated above, at 4.35 P. M. CAUSE OF DEATH (Secondary or Immediate) Cardiac Asthenia

(DURATION) 36 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 4 DAYS

(Signed) E. W. White M.D.

Address University Hospital

Date March 12 1907

Place of Burial St Peters Cem

Date March 13, 1907

Undertaker Fox & Cook

Address 1003 W. Balto St

This portion to be detached by Registrar before delivering Certificate to Undertaker.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 9950 — Registered No. B 9950

6/c

CERTIFICATE OF DEATH.

(Place of Death.) No. 424. S. Bond. St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Fialkowska

{ Residence, if in Baltimore, Give Street and Number. } 424 S. Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Sept. 23 1906

AGE ..... years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Wm Fialkowski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Mamecke

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Fialkowski

(Address) 424 S Bond St

Filed 3/12 1907 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to March 1907

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

(DURATION) 3 DAYS

Contributory (Primary) Gastritis

(DURATION) 1 DAYS

(Signed) J. Ford Blades M.D.

Address 1437 N. Bway

Date ... 190...

Place of Burial Holy Rosary

Date March 13 1907

Undertaker Jacob Fialkowski

Address 428 S Bond

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

99111 Registered No. B 99111

CERTIFICATE OF DEATH.

63

(Place of Death.) No. 128 Williamson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Etta Knox

{Residence, if in Baltimore, Give Street and Number.} 128 Williamson st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Sept. 28 1905

AGE: 1 years, 5 months, 12 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: George Knox

BIRTHPLACE OF FATHER (State or country): Don't know.

MAIDEN NAME OF MOTHER: Sarah —

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: home.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Knox

(Address) 126 Williamson St

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 11 1907

I HEREBY CERTIFY, That I attended deceased ~~from~~ on ~~Jan.~~ to March 11 1907 that I last saw her alive on March 11 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Paralysis

(DURATION) 14 DAYS

Contributory (Primary) Cardiac Paralysis

Pneumonia (DURATION) DAYS

(Signed) E. S. Ellis M.D.

Address 615 Lighter

Date March 12 1907

Place of Burial Md. Auburn Ch—

Date March 13 1907

Undertaker John H. Troadvin

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 27

99112

Registered No. B 99112

19

CERTIFICATE OF DEATH.

(Place of Death.) No. 134 N York St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Leonard C.

{ Residence, if in Baltimore, Give Street and Number. } 134 N. York St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH Dont know

AGE 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER dont know

BIRTHPLACE OF FATHER (State or country) dont know

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Dont know

OCCUPATION OF DECEASED Shucker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Strickler

(Address) 134 N York St

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ...

that I last saw h... alive on ..... 190 ...

and that death occurred, on the date stated above, at 7 ... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Duration

the Heart & Kidney

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) H. M. Kierland M.D.

Address Coroner

Date March 12 1907

Place of Burial Mt. Auburn Cem.

Date March 13 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9913

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1044

CERTIFICATE OF DEATH.

Registered No. B 9913

City of Baltimore, (No. 1128 Whetcoat St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Priscilla Plowden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Daniel Moore

(Address) 1128 Whetcoat st

Filed 3/12 1907

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 10 1907 to March 12 1907

that I last saw h.. alive on March 11 1907,

and that death occurred, on the date stated above, at 1^ P. M. The CAUSE OF DEATH was as follows:

Cardiac Dropsy

(DURATION) ..... DAYS

Contributory Acute Indigestion

(DURATION) ..... DAYS

(Signed) J. Thomas Bullen, M. D.

March 12 1907 (Address) 1300 N. Stricker

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 7 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: March 14 1907

UNDERTAKER: Felix B. Pye — ADDRESS: 1032 Mulberry st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

99114

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B 99114

City of Baltimore, (No. 909 Park ave St.; 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wilson Ermey

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	colored

DATE OF BIRTH: 3 (Month) 7 (Day) 1907 (Year)

AGE: — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jas. A. Ermey

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Reta Williams

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. A. Ermey

(Address) 909 Park ave

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 7 1907 to Mch 12 1907 that I last saw h[im] alive on Mch 11 1907, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Congenital Debility

(DURATION) 5 DAYS

Contributory

(DURATION) DAYS

(Signed) Albert F. Covey M. D.

Mch 12 1907 (Address) 1533 John

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	March 13 1907
UNDERTAKER	ADDRESS
R & Elliott	

WM. J. C. DULANY CO., BALTIMORE

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9915

City of Baltimore, (No. 14, Garrison Lane, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James J. Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John J Miller

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Howe

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 3/12 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1907 to March 12 1907

that I last saw him alive on March 11, 1907,

and that death occurred, on the date stated above, at 4 a. M. The CAUSE OF DEATH was as follows:

Congenital Heart Disease

(DURATION) 29 DAYS

Contributory +

(DURATION) ? DAYS

(Signed) E. A. Dickey M. D. M. D.

March 12, '07 (Address) 2136 Frederick Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	March 13 1907
UNDERTAKER	ADDRESS
M Cadogan	696 Mulberry St

99146

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99146

City of Baltimore, (No. 1008 N Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W Swann

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH May 25 1844
(Month) (Day) Year)

AGE 62 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Shepherdstown Virginia

FULL NAME OF FATHER John Swann

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Eliza Stevens

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Engineer (Mechanical)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H L Swindle

(Address) 640 N Carrollton Ave

Filed 3/13 1907 HARRY G. ANDREWS, PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 19 1907 to March 10 1907 that I last saw him alive on March 10 1907, and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Angina Pectoris

(DURATION) 21 DAYS

Contributory Mitral Insufficiency & Arterio sclerosis (DURATION) 2 Years DAYS

(Signed) H L Swindle M. D.

March 10 1907 (Address) 640 N Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	March 13 1907
UNDERTAKER	ADDRESS
John Feldmann	1200 W Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

99117

Registered No. B 99117

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1200 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Cannick

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: James McIntire

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elya McIntire

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard St

Filed 3/13 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 12 1906 to Mar 11 1907

that I last saw h alive on Mar 11 1907

and that death occurred, on the date stated above, at 11 A M. CAUSE OF DEATH (Secondary or Immediate)

General debility

Heart failure

36 hrs. (DURATION) DAYS

Contributory (Primary.) General debility

one year (DURATION) DAYS

(Signed) Joseph T. Smith M.D.

Address The Cecil

Date March 12 1907

Place of Burial Greenmount

Date Mar 15th 1907

Undertaker John J. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 99118 — Registered No. B 99118

CERTIFICATE OF DEATH.

(Place of Death.) No. 134 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Lenicka

{Residence, if in Baltimore, Give Street and Number.} 134 N. Castle St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Lenicka

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Centoni Svehla

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Centoni Lenicka

(Address) 134 N. Castle

Filed 5/13 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1907

I HEREBY CERTIFY, That I attended deceased from March 9 1907 to March 12 1907 that I last saw him alive on March 12 1907 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Catarrhal Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.)

Asphyxia (DURATION) 1 DAYS

(Signed) A. H. Roeder M. D.

Address 1904 E. Fayette St

Date March 13 1907

Place of Burial Loudon Park

Date May 14 1907.

Undertaker Frank Grach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 0

Registered No. B 99119

64 v

CERTIFICATE OF DEATH.

Place of Death.) No. 1244 E Fayett St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Koerber.

{Residence, if in Baltimore, Give Street and Number.} 1244 E Fayett St

Duration of Residence in Baltimore. 44 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH June 25th 1857

AGE 49 years, 8 months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Koerber

(Address) 1244 E. Fayette St.

Filed 3/13 1907

HARRY C. ANDERSON Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 10 — 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4.10 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Cecil Culver M.D.

Address Coroners Office

Date Mar 10 — 07 190

Place of Burial Mt. Olivet Cem

Date 3/13/07 190

Undertaker J. Herwig & Sons

Address 2008 Orleans St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 X 99120 Registered No. B 99120

CERTIFICATE OF DEATH.

(Place of Death.) No. Lemmon - Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Till

{Residence, if in Baltimore, Give Street and Number.} 1. S. Hornby Castle (British)

Duration of Residence in Baltimore. Since 9 of March 1907

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Prussia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Ship Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 3/13 1907 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1907

I HEREBY CERTIFY, That I attended deceased from March 9 1907 to March 13 1907 that I last saw h— alive on March 13 1907, and that death occurred, on the date stated above, at 10 4 M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address Lemmon Hospital

Date 3/13 1907

Place of Burial St Peters

Date March 13 1907

Undertaker Jos B. Cook

Address 1003 W Balt St

This man was a British Seaman and was admitted through the British Consul

Wm. A.S. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That when... the duty of the Physician who attended during his or her last... notice, to furnish within ***eighteen hours after death***, to the... setting forth, as far as the same can be ascertained, the ***full*** ... deceased, and the ***cause and date of death***.

99121

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99121

City of Baltimore, (No. 1426 Jackson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clarence L Rollins

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Oct 5 1871 (Month) (Day) (Year)

AGE: 34 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED.~~

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Stephen B Rollins

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Susan Gibbs

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard M Rollins

(Address) 14 N. Gilmore st

Filed 3/13 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 12th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 6 1906 to Mar. 12th 1907 that I last saw h im alive on Th 9th 1907, and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia

(DURATION) ..... DAYS

Contributory Pulmonary Phthisis

(DURATION) ..... DAYS

(Signed) L.L. Maldeis M. D.

Mar. 12 1907 (Address) 319 N. Paca St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Mch 14 1907

UNDERTAKER: Chas E. Franck — ADDRESS: 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 99122 — Registered No. B 99122

CERTIFICATE OF DEATH.

(Place of Death.) No. 425 East Lynne ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 119

Full Name Mary Rebecca Lane

{Residence, if in Baltimore, Give Street and Number.} 425 East Lynne ave

Duration of Residence in Baltimore. Life-Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: March 10th 1907

AGE: 0 years, 0 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Geo. T. Lane

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah R. Granger

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo T. Lane

(Address) 425 East Lynne ave

Filed 3/13 1907 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 13th 1907

I HEREBY CERTIFY, That I attended deceased from March 10th, 1907 to Mar 13th 1907 that I last saw her alive on Mar 12th 1907, and that death occurred, on the date stated above, at 12.15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) one DAYS

Contributory (Primary) Acute Nephritis

(DURATION) 2 DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard st.

Date March 13th 1907

Place of Burial Western Cem;

Date March 13th 1907

Undertaker C. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward..... *Registered No. B* 99123

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas McManus

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 69 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ unknown ~~unmarried~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Inmate

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 11 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to March 11 1907 that I last saw h.. alive on March 11 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

Acute Pleurisy

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) R Ross M.D.

Address Bay View Asylum

Date March 12 1907

Place of Burial Sacred Heart

Date Mar. 13" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 10 — 99124 — Registered No. B 99124

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 N. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E. Whible

{Residence, if in Baltimore, Give Street and Number.} 420 N. Ann St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Saml. Whible

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabell Stansbury

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah A. Whible

(Address) 420 N. Ann St

Filed 3/13 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13, 1907

I HEREBY CERTIFY, That I attended deceased from January 1906 to March 13 1907 that I last saw him alive on March 12 1907 and that death occurred, on the date stated above, at 9.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

(DURATION) 14 Mos.

Contributory (Primary.) Pneumonia

(DURATION) 7 DAYS

(Signed) P. E. Lilly M.D.

Address 2001 Linwood Ave

Date March 13 1907

Place of Burial Baltimore Cem

Date March 13 1907

Undertaker Jos. Koch

Address 602 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24

99125

Registered No. B 99125

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1729 Light St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of John G. & Annie Zink

{Residence, if in Baltimore, Give Street and Number.} 1729 Light St

Duration of Residence in Baltimore. 1 day -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: White -

DATE OF BIRTH: Mar 13 190)

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): B.C -

FULL NAME OF FATHER: John G. Zink

BIRTHPLACE OF FATHER (State or country): M.S -

MAIDEN NAME OF MOTHER: Annie Gohlinghorst

BIRTHPLACE OF MOTHER (State or country): M.S -

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G Zink

(Address) 1729 Light St

Filed 3/13 190 7

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 13 190)

I HEREBY CERTIFY, That I attended deceased from Mar 13 190) to Mar 13 190) that I last saw her alive on Mar 13 190), and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth. -

(7 mo). Non Viable -

(DURATION) 1 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) C P Straus M. D.

Address 1606 Lyndhurst

Date Mar 13 190)

Place of Burial Baltimore

Date March 14 190 7

Undertaker Jos. Stumtebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

99126

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

(Algeria)

Registered No. B 99126

City of Baltimore, (No. Cedar Road, near North Avenue St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard Naumann

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: March 11 (Month) (Day) 1907 (Year)

AGE: ..... years, ... months, 17 hrs days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Richard Naumann

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Emma Stürzel

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Naumann

(Address) Cedar Road

Filed 3/13 1907

HARRY C. ANDREWS, PERMIT ~~CLERK~~. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 11 1907 to March 12 1907

that I last saw him alive on March 12 1907,

and that death occurred, on the date stated above, at 1 a.m. The CAUSE OF DEATH was as follows:

Premature birth and Placenta Prime with Cord Relax

17 hrs (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) E W Stehn M. D.

1907 (Address) 2505 Harford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: March 13 1907

UNDERTAKER: Walter P. Lee

ADDRESS: 1750 E. Preston

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...EALTH DEPARTMENT, City of Baltimore.

Ward ..... 9912[illegible] Registered No. B ..... 9912[illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 East Mount Vernon Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Grant Small

{Residence, if in Baltimore, Give Street and Number.} 16 East Mt Vernon Place Baltimore

Duration of Residence in Baltimore. about 5-6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 1st 1832

AGE: 75 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Fredericksburg Virginia

FULL NAME OF FATHER: William A. Jackson

BIRTHPLACE OF FATHER (State or country): Fredericksburg, Virginia

MAIDEN NAME OF MOTHER: Emaline Jackson

BIRTHPLACE OF MOTHER (State or country): New York City N.Y.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence J. Jackson

(Address) 600 N Howard St

Filed 3/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 12th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to March 12 1907

that I last saw h[illegible] alive on March 12 1907

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 12½ hours DAYS

Contributory (Primary.) Arteriosclerosis.

(DURATION) DAYS

(Signed) Henry R Brown M.D.

Address 17 W Biddle St.

Date March 13 1907.

Place of Burial York Pa

Date March 14th 1907

Undertaker Holofernes Undertaking Co

Address 233 to Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

99128

Ward 17 — Registered No. B 99128

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Md. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. Bolling, Jr.

{Residence, if in Baltimore, Give Street and Number.} 583 Orchard St

Duration of Residence in Baltimore... 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Wash. D.C.

FULL NAME OF FATHER: Geo. H. Bolling

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Catherine Henson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Bolling

(Address) 583 Orchard St

Filed 3/13 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.
HARRY C. ANDREWS
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 11 1907

I HEREBY CERTIFY, That I attended deceased from Mar 9 1907 to Mar 11 1907 that I last saw him alive on Mar 11 1907, and that death occurred, on the date stated above, at 6.00 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis from fall.

(DURATION) 7 DAYS

Con'ributory (Primary.) Heart & Resp. failure (DURATION) DAY

(Signed) C. E. Lumpkey M.D.

Address Md. Gen. Hosp.

Date Mar. 11 1907

Place of Burial Bethlehead Cemetery

Date March 13 1907

Undertaker Felix B'Rk

Address 1026 Shalburry St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

99129

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99129

City of Baltimore, (No. 640 Vine St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucy M Larkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1897 (Year)

AGE: 10 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Thomas Larkins

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Lucy Green

BIRTHPLACE OF MOTHER (State or country): St Marys Cty md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Hoover

(Address) 640 Vine street

Filed 3/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 8 1907 to March 13 1907 that I last saw h[illegible] alive on March 12 1907, and that death occurred, on the date stated above, at 2.15 A. M. The CAUSE OF DEATH was as follows:

Etyphoid fever

(DURATION) 19 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) V VanWilliams M. D.

Mar 13 1907 (Address) 701 N Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters Cmtry — DATE OF BURIAL: 3-14-1907

UNDERTAKER: Felix B. Pye — ADDRESS: 102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

99130

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 99130

Registered No. B

City of Baltimore, (No. 623 Green Wilson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ernest Lawrence Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: August 13 1906 (Month) (Day) (Year)

AGE: ..... years, 6 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Henry Williams

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Maria Forbes

BIRTHPLACE OF MOTHER (State or country): Calvert Co, Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) Louisa Williams (Sister)

(Address) 623 Green Wilson St.,

Filed 3/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 12 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 11 1907 to ..... 190.....

that I last saw him alive on March 11 1907,

and that death occurred, on the date stated above, at 12.40 P. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 3 DAYS

Contributory Debility - since birth

(DURATION) ..... DAYS

(Signed) M. A. Willard M. D.

March 12 1907 (Address) 1711 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 3 14 1907

UNDERTAKER: Felix B. Pyle

ADDRESS: 1032 E Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...DEPARTMENT, City of Baltimore.

Ward 20 — 99132 — Registered No. B 99132 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 2105 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence Wright

{Residence, if in Baltimore, Give Street and Number.} 2105 E. Pratt st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 23 1873

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas R. Irvine

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary E Cowley

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) David R. Wright

(Address) 2105 E. Pratt st

Filed 3/13 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar ✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: MAR 12 1907 190...

I HEREBY CERTIFY, That I attended deceased from March 12th 1907 to March 12th 1907

that I last saw h[illegible] alive on March 12th 1907, and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) 8 hrs DAYS

Contributory (Primary.) Pneumonia (DURATION) abt 2 months DAYS

(Signed) [illegible] M.D.

Address 607 N Charles st ✓

Date MAR 12 1907 190...

Place of Burial Louden Park Cem.

Date MAR 15 1907 190...

Undertaker Wm. J. Fay ✓

Address 931 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

99131

Ward 10 99131 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No 1031 Harford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Gorsuch

{Residence, if in Baltimore, Give Street and Number.} 1031 Harford ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 15 1870

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Silas B. Gorsuch

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Elizabeth McMahon

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Gorsuch

(Address) 1031 Harford ave

Filed 3/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAR 12 1907 190

I HEREBY CERTIFY, That I attended deceased from July 23rd 1903 to March 12th 1907

that I last saw her alive on March 11th 1907 and that death occurred, on the date stated above, at 9 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) ... DAYS

Contributory (Primary.) Mitral insufficiency > 4 yrs

(DURATION) ... DAYS

(Signed) L. M. C. Parker M.D.

Address 1065 Augusta St.

Date MAR 12 1907 190

Place of Burial Cathedral Cemetery

Date MAR 15 1907 190

Undertaker W. J. Dulany Co.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

99133 Registered No. B 99133

CERTIFICATE OF DEATH.

(Place of Death.) No. 2719 Huntington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth S. Booze

{Residence, if in Baltimore, Give Street and Number.} 2719 Huntington Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 19 1830

AGE 77 years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Co.

FULL NAME OF FATHER Joseph Sanlle

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Ford

(Address) 2719 Huntington Ave

Filed 3/13 1907

HARRY C. ANDREWS, PARKIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 21st 1907 to Mar 12 1907 that I last saw h[er] alive on Mar. 12 1907 and that death occurred, on the date stated above, at 2.35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis and inanition of old age.

Duration Not Known (DURATION) DAYS

Con ributory (Primary) Heart failure and Exhaustion (DURATION) DAYS

(Signed) Harrison J. Cooper M.D.

Address 2425 St. Paul St.

Date Mar. 13th 1907.

Place of Burial St Mary's Hampden

Date Mar 14 1907

Undertaker W. E. Shumaker & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — 99134 — *Registered No. B* 99134

93L

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 35 Stone Hill Rd Mt Vernon *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gladys Margaret Roberts

{ Residence, if in Baltimore, Give Street and Number. } 35 Stone Hill, "Mt Vernon"

Duration of Residence in Baltimore. All life 4 ext 6 mths

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 6 1901

AGE: 5 years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: George W Roberts

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Ida Canafax

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Roberts

Address 35 Stone Hill Mt Vernon

Filed 3/13 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 12 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 11.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) ..... DAYS

Contributory (Primary) Pneumonia

(DURATION) ..... DAYS

(Signed) Hamilton Smithmeyer M.D.

Address 1818 N. Chas St Comp

Date March 12 07 1907

Place of Burial St Mary's Hampden

Date Mar 15 1907

Undertaker H. E. Thenouth & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99135

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

99135

Registered No. B .....

City of Baltimore, (No. 345 Rose St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adelia Hilliams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: July (Month) 30 (Day) 1870 (Year)

AGE: 37 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Peter Wilkinson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Hilliams

(Address) 920 Booth St

Filed 3/14 1907

HARRY G. ANDREWS
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 19 1907 to Mar 12 1907 that I last saw her alive on Mar 11 1907, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 20 DAYS

Contributory Anaemia

(DURATION) — DAYS

(Signed) William E Burton M. D.

Mar 12 1907 (Address) 762 Dolphin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: March 15 1907

UNDERTAKER: Geo H. Hooper

ADDRESS: 609 Little Rock

HARRY G. ANDREWS
PERMIT CLERK.

130

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. B 99136

CERTIFICATE OF DEATH.

(Place of Death.) No. 630 Wyanoke ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret L. Nicolo

{Residence, if in Baltimore, Give Street and Number.} 630 Wyanoke ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Aug 11 1905

AGE: 1 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Irwin T. Nicolo

BIRTHPLACE OF FATHER (State or country): Kent Co. Md

MAIDEN NAME OF MOTHER: Emily H.

BIRTHPLACE OF MOTHER (State or country): Kent Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irwin T. Nicolo

(Address) 630 Wyanoke ave.

Filed Mch 14th 1907

HARRY C. ANDREWS, PERMIT CLERK of Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1907

I HEREBY CERTIFY, That I attended deceased from March 4 1907 to March 13 1907 that I last saw h[er] alive on March 12 1907, and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever.

(DURATION) 10 DAYS

Contributory (Primary.) Scarlet Fever

Toxic condition (DURATION) 10 DAYS

(Signed) John F. Evans, M.D.

Address 101 N. Carey St

Date March 13. 1907

Place of Burial St Pauls Kent Co. Md

Date Mch. 14 1907

Undertaker E. W. Mitchell

Address 1201 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

99137 *Registered No. B* 99137

CERTIFICATE OF DEATH.

27

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W Dashiell

{Residence, if in Baltimore, Give Street and Number.} 1141 Hulls Lane

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 54 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/12 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from March 7 1907 to March 12 1907 that I last saw h... alive on March 12 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) ... DAYS

Contributory (Primary.) Exhaustion

(DURATION) ... DAYS

(Signed) R R Young M.D.

Address Bay View Asylum

Date March 13 1907

Place of Burial Arlington Cemetery

Date March 14 1907

Undertaker R G Elliott

Address 506 Rogers Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

99138 *Registered No. B* 99138

CERTIFICATE OF DEATH.

19

(Place of Death.) *No.* 415 N Dallas *St.*

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia M Thomas.

{ Residence, if in Baltimore, Give Street and Number. } 415 N Dallas St

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1858

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Geo Dean

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Nancy Mason

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leah. Dean

(Address) 415 N Dallas St

Filed 3/14 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 12th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to March 12 1907 that I last saw h[illegible] alive on Mar 11 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic heart disease

2 months (DURATION) ~~DAYS~~

Contributory (Primary.) Obscure

(DURATION) — DAYS

(Signed) J. E. Ward M.D.

Address 202 Druid Hill Ave

Date March 13 1907

Place of Burial Laural Cem

Date March 14 1907

Undertaker Robert A Elliott

Address 506 Roger Ave

WM. J. C. DULANY CO., BALTIMORE

99139

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99139

City of Baltimore, (No. 652, Smith St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Queen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Anne Arundel Co

FULL NAME OF FATHER: Robert Queen

BIRTHPLACE OF FATHER (State or country): Anne Arundel Co

MAIDEN NAME OF MOTHER: Sarah Brown

BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Brown

(Address) 652 South St

Filed 3/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 12th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 19th 1907 to March 12th 1907 that I last saw h~~im~~ alive on March 12th 1907, and that death occurred, on the date stated above, at 6.00 A. M. The CAUSE OF DEATH was as follows:

Typhoid Fever.

..... (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) ..... DAYS

(Signed) Geo. W. Lauenbach M. D.

March 12th 1907 (Address) 635 Madison St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery | DATE OF BURIAL: Mar 14 1907

UNDERTAKER: R. H. Elliott | ADDRESS: 506 Rose St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

99140

Registered No. B 99140

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 719 Buren St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanche Cauthon

{Residence, if in Baltimore, Give Street and Number.} 719 Buren st.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Apr 2 1876

AGE 30 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed.

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Oscar Johnson

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Maria E Brown

BIRTHPLACE OF MOTHER (State or country) Talbot Co. Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Brown

(Address) 719 Buren st.

Filed 3/14 1907

HARRY C. ANDREWS, PARLT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 12th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 19th 1907 to Mar 12th 1907 that I last saw her alive on Mar 12th 1907, and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Phthisis (DURATION) 14 DAYS

Contributory (Primary.) Pneumonia (DURATION) 2 weeks

(Signed) E. E. Grant M.D.

Address 3131 N. Howard

Date Mar 12th 1907

Place of Burial Asbury

Date March 14th 1907

Undertaker R. A. Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

99141 Registered No. B 99141

CERTIFICATE OF DEATH.

112

(Place of Death.) No. 19 South Broadway St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frank P. Dolan.

{Residence, if in Baltimore, Give Street and Number.} 19 South Broadway.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: — — 1

AGE: 63 years ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): — — — —

FULL NAME OF FATHER: — — — — — —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick W. Klipper

(Address) 19 South Broadway.

Filed 3/14 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 7, 1907 to March 13, 1907 that I last saw him alive on March 13, 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of the Liver

(DURATION) 34 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. F. Kelly M.D.

Address 119 S. Broadway

Date March 13, 1907.

Place of Burial Baltimore Cemetery

Date March 15th 1907

Undertaker H. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 99142 — Registered No. B 99142

92 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 412 N. Gay St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Griffin Kemp

{Residence, if in Baltimore, Give Street and Number.} 412 N. Gay St.

Duration of Residence in Baltimore. 13 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 12 1906

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Kemp

BIRTHPLACE OF FATHER (State or country): Phila. Pa.

MAIDEN NAME OF MOTHER: Beggar

BIRTHPLACE OF MOTHER (State or country): Washington D. C.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas L. Kemp.

(Address) 412 N. Gay St

Filed 3/14 1907 — MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 12 1907

I HEREBY CERTIFY, That I attended deceased from March 12 1907 to — 190—

that I last saw him alive on March 12 1907,

and that death occurred, on the date stated above, at 11-30 a m. CAUSE OF DEATH (Secondary, or Immediate)

Lobular Pneumonia

(DURATION) 1 DAYS

Contributory (Primary) Exposure

(DURATION) DAYS

(Signed) Harry M. Wegefarth M.D.

Address 1206 Monument St

Date March 12 1907

Place of Burial Sudan Park Cemetery

Date March 14 1907

Undertaker Henry Hoeck & Son

Address 130 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 99143 — Registered No. B 99143

CERTIFICATE OF DEATH.

34

(Place of Death.) No. 1212 E. Oliver St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie Catherine Wagner

{Residence, if in Baltimore, Give Street and Number.} 1212 E. Oliver St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 11 1887

AGE: 19 years, 8 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis Wagner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Sell

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Hagner

(Address) 1212 E. Oliver St.

Filed 3/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 2 1907 to March 12 1907 that I last saw h[illegible] alive on Mar. 12 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Peritoneum and Lungs.

(DURATION) 3 years

Contributory (Primary)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date March 12, 1907

Place of Burial Baltimore Cemetery

Date March 15 1907

Undertaker Henry Stockel & Son

Address 1321 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4.

Registered No. B 99144

99144

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Pullman

{Residence, if in Baltimore, Give Street and Number.} 106 Penn Street.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Female / COLOR: Colored	DATE OF DEATH: March 11 1907
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from Jan. 24 1907 to March 11 1907
AGE: 19 years, months, days	that I last saw h e alive on March 11 1907
SINGLE, MARRIED, WIDOWED, OR DIVORCED:	and that death occurred, on the date stated above, at 1.20 P. M.
BIRTHPLACE (State or country): Md.	CAUSE OF DEATH (Secondary or Immediate.) Pulmonary Tuberculosis
FULL NAME OF FATHER: Isaac Pullman	(DURATION) DAYS
BIRTHPLACE OF FATHER (State or country): Don't know	Contributory (Primary.) Exhaustion
MAIDEN NAME OF MOTHER: Annie Richardson	(DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country): Md.	(Signed) R R Norris M.D.
OCCUPATION OF DECEASED: Chambermaid	Address Bay View Hospital
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday, (Informant) Supt. (Address) BAY VIEW ASYLUM.	Date March 11 1907
Filed 3/14 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.	Place of Burial Laurel Cemetery Date March 14 1907
	Undertaker John H. Frodin Address 142 N. Hill St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — 99145 — Registered No. B 99145

CERTIFICATE OF DEATH.

(Place of Death.) No. 215 W. Conway St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Lorenzo Ross

{Residence, if in Baltimore, Give Street and Number.} 215 W Conway

Duration of Residence in Baltimore. 15 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: April 6 1887

AGE: 20 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Thawne Ross.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Margaret Butler

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Hack driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Tunis

(Address) 215 W. Conway St.

Filed Mch 14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from Feb 25 1907 to Mch 12 1907

that I last saw h[illegible] alive on Mch 12 1907

and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate

Aortic Regurgitation

(DURATION) ?

Contributory (Primary.) Endocardi[illegible]

(DURATION) 1 3

(Signed) H S McCaul M.D.

Address 136 W Hell St

Date Mch 13 1907

Place of Burial Richmond Va.

Date March 15 1907

Undertaker John H. Tradin

Address 1424 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — Registered No. B 99146

99146

CERTIFICATE OF DEATH.

(Place of Death.) No. 129 N. Amity St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Emma Hall

{Residence, if in Baltimore, Give Street and Number.} abm

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male.	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 38 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Sabian Stall
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	N Stall
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicks Stall

(Address) 129 Amity

Filed 3/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26 1907 to

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate

Tuberculosis

(DURATION)

Contributory (Primary.)

(DURATION)

(Signed) J. D. Ghatak Coroner

Address 211 N. Lanvale

Date 3. 11. 1907

Place of Burial Mt Auburn Cemetery

Date March 14 1907

Undertaker R. N. & Elliott

Address 506 Rogers Ave

Wm. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — Registered No. B 99147

99147

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2134 Hollins St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Sarah A Quimby

{Residence, if in Baltimore, Give Street and Number.} 2134 Hollins St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH April 27, 1852

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER E. T. Jacobs

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah A. Downs

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. R. Quimby

(Address) 2134 Hollins St

Filed 3/14 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from Mar 3 1907 to Mar 12 1907

that I last saw h[illegible] alive on Mar 11 1907

and that death occurred, on the date stated above, at 5

4. CAUSE OF DEATH (Secondary or Immediate) Exhaustion Coma

(DURATION) —

Contributory (Primary.) Pneumonia

(DURATION) 9

(Signed) James Bailey

Address 1701 Hollins St

Date Mar 14 1907

Place of Burial London Park

Date Mch 14 1907

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 99148 Registered No. B 99148

CERTIFICATE OF DEATH.

(Place of Death.) No. 128 E Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie T. Flynn

{Residence, if in Baltimore, Give Street and Number.} 128 E Hughes St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 22 1891

AGE 15 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Patrick Flynn

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Lizzie E. Concannon

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Patrick Flynn

(Address) 128 E. Hughes av.

Filed 3/14 1907

HARRY O. ANDREWS, PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1906 to March 12 1907 that I last saw h[illegible] alive on March 12 1907 and that death occurred, on the date stated above, at 11 [illegible]

I. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pulmonary Phthisis

(DURATION) DAYS

Con'ributory (Primary.) Asthma

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 835 Lytle st

Date March 14 1907

Place of Burial Cathedral

Date March 15th 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 99149 — Registered No. B 99149

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 2134 W North Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John R Van Vant

{Residence, if in Baltimore, Give Street and Number.} 2134 W North Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 19 1840

AGE: 66 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George E. Vansant

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Margaret H. Ross

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Furnace Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Johanna Vansant

(Address) 2134 W North ave

Filed 3/14 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 190 7

I HEREBY CERTIFY, That I attended deceased from March 1 190 7 to March 12 190 7 that I last saw h[illegible] alive on March 11 190 7 and that death occurred, on the date stated above, at 12

P. M. CAUSE OF DEATH (Secondary or Immediate

(DURATION)

Contributory (Primary.) Apoplexy 2d

(DURATION)

(Signed) Edw[illegible]

Address 5117 Leeds

Date March 1[illegible] 190

Place of Burial Cathedral Cem

Date March 15 190

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 99150 — Registered No. B 99150

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Joseph Peters

{Residence, if in Baltimore, Give Street and Number.} 1600 N Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 20 1848

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Howard Co Md

FULL NAME OF FATHER: M. Peters

BIRTHPLACE OF FATHER (State or country): Europe

MAIDEN NAME OF MOTHER: A. Kahl

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Farmer & Planter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susanna Peters

(Address) 1600 N Broadway

Filed 3/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1907

I HEREBY CERTIFY, That I attended deceased from March 5th 1907 to March 13 1907

that I last saw him alive on March 12 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetic Coma (following amputation)

(DURATION)

Contributory (Primary.) Diabetes

(DURATION)

(Signed) A. C. Irwin M.D.

Address St. Joseph's Hospital

Date 3/13/07

Place of Burial New Cathedral

Date March 16 1907

Undertaker Robt J Lumm

Address Bway & Aliceanna

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 Registered No. B 99151

99151

CERTIFICATE OF DEATH.

(Place of Death.) No. 401 S Fremont Blvd St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Henry Mainz

{Residence, if in Baltimore, Give Street and Number.} 401 S Fremont St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July - 27 1854 1857

AGE 52 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married - city

BIRTHPLACE (State or country)

FULL NAME OF FATHER John Mainz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED 1

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pauline Mainz

(Address) 401 S Fremont St

Filed 3/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1907

I HEREBY CERTIFY, That I attended deceased from Dec 8 1906 to Mar 13 1907

that I last saw h alive on Mar 13 1907

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 2 DAYS

Con'ributory (Primary.)

(DURATION) 92 DAYS

(Signed) Harry Boyd M.D.

Address 602 Columbia

Date Mar 14 1907

Place of Burial Western Cem

Date Sat Mar 16 1907

Undertaker Wm J Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 99152 — Registered No. B 99152

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Hamoeopathic Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Miss Mattie Roddy.

{Residence, if in Baltimore, Give Street and Number.} 564 Wilson St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: 1

AGE: 47 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Roddy

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Caroline Woods

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Emer Halliday

(Address) 564 Wilson

Filed 3/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar - 13 - 1907

I HEREBY CERTIFY, That I attended deceased from Feb - 14 1907 to Mar 13 1907

that I last saw h alive on Mar 13 1907

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 2

Contributory (Primary.) Chronic Bright's

(DURATION) 365

(Signed) M. W. Shorb

Address Mt Hamoeo Hospl

Date Mar - 13 - 1907

Place of Burial Mt Olivet

Date Mar 15

Undertaker Wm J Adamson

Address 614 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

99153 Registered No. B 99153

CERTIFICATE OF DEATH.

(Place of Death.) No. 419. N Paquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Johnson

{ Residence, if in Baltimore, Give Street and Number. } 419 N Paquith

Duration of Residence in Baltimore. 20 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: — —

BIRTHPLACE OF FATHER (State or country): Unk

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laundry

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Katie Davis

(Address) 419 Paquith st.

Filed 3/14 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190..

and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Consumption

(DURATION) 3 yrs

Contributory (Primary.) .....

(DURATION) .....

(Signed) Chas Ford Coroner M.D.

Address .....

Date March 13 1907

Place of Burial Mt Auburn

Date Mar 14 1907

Undertaker Wm J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 99154 *Registered No. B* 99154

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles W. White

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/14 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 12 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15 1907 to March 12 1907 that I last saw h... alive on March 12 and that death occurred, on the date stated above, at 12 M.

A. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.) Pleurisy

(DURATION) ..... DAYS

(Signed) R K Vonstein M.D.

Address Bay View Asylum

Date March 12 1907

UNIVERSITY OF MARYLAND.

Place of Burial .....

Date MAR 1 1907

Undertaker William H Woodus

Address 181 Aiken St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

99155 *Registered No.* **B** 99155

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Donovan

{ *Residence, if in Baltimore, Give Street and Number.* }.....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: 1	
AGE: 37 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: single	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Sailor	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/14 1907 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from Mch 27 1907 to March 12 1907 that I last saw h.. alive on March 12 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary) Glanders ..... (DURATION) ..... DAYS

(Signed) R. Vosseller M.D.

Address Bay View Hospital

Date March 13 1907

Place of Burial UNIVERSITY OF MARYLAND.

Date MAR 1 1907 190...

Undertaker William H. Worden

Address 1811 Aisquith St

FOR ANATOMICAL PURPOSES

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 99157 Registered No. B 99157

CERTIFICATE OF DEATH.

(Place of Death.) No. 1323 N. Carey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Randolph Evans

{ Residence, if in Baltimore, Give Street and Number. } 1323 N. Carey St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1904

AGE: 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Randolph Evans

BIRTHPLACE OF FATHER (State or country): Baltimore md

MAIDEN NAME OF MOTHER: Ann

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1932 Presstman St

Filed 3/14 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 13 1907

I HEREBY CERTIFY, That I attended deceased from March 12 1907 to March 13 1907 that I last saw h alive on March 12 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 4 DAYS

(Signed) W J Kerr M.D.

Address 812 W. Martin

Date March 14 1907

Place of Burial Mount Auburn

Date March the 14 1907

Undertaker James H Dennis

Address 1932 Presstman St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 99156 — Registered No. B 99156

CERTIFICATE OF DEATH.

(Place of Death.) No. 111 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant Helen & Joseph Thompson not named.

{Residence, if in Baltimore, Give Street and Number.} 111 N. Dallas Street.

Duration of Residence in Baltimore. One day only.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: —— 1

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Thompson

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Helen Thompson

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Joseph Thompson

Address 111 N. Dallas St.

Filed 3/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 14 — 3 — 1907

I HEREBY CERTIFY, That I attended deceased from 13-3- 1907 to —— 190—— that I last saw him alive on 13-3- 1907, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. M. Doyle M.D.

Address 1418 Eutaw St.

Date 14 March 1907.

Place of Burial Laurel

Date March 14 — 1907

Undertaker R. F. Elliott

Address 502 Regent Ave

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99158

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B 99158

City of Baltimore, (No. 704, St. Peter St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marie Kormann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) 12 (Day) 1907 (Year)

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank F. Kormann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Minnie Kormann

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank F. Kormann

(Address) 704 St Peter St

Filed 3/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from birth 190 to March 13 1907

that I last saw her alive on March 13 1907,

and that death occurred, on the date stated above, at 11.30 P.M. The CAUSE OF DEATH was as follows:

Inanition

(DURATION) 1 DAYS

Contributory Premature birth 6 months foetus

(DURATION) DAYS

(Signed) Chas R. Graham M. D.

Mar 14 1907 (Address) 725 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross a.d.Co

DATE OF BURIAL: March 14 1907

UNDERTAKER: Jos. Stumbeck

ADDRESS: 1318 Light St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 99159 — Registered No. B 99159

CERTIFICATE OF DEATH.

(Place of Death.) No. 1007 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Boccato

{Residence, if in Baltimore, Give Street and Number.} 1007 E. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 8 1906

AGE ..... years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER ~~Mary~~ John Boccato

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Maggi Boccato

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Family

(Address) 1007 E. Lombard St.

Filed 3/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 13 1907 that I last saw h... alive on March 13 1907, and that death occurred, on the date stated above, at 11.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-Pneumonia

12

(DURATION) 12 DAYS

Contributory (Primary.) Meningitis

(DURATION) 3 DAYS

(Signed) Antony L. Ruberto M.D.

Address 827 Cassiano St

Date March 14 1907

Place of Burial Holy Cross Cemetery

Date March 14 1907

Undertaker Evans & Spencer

Address 118 N. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. B 99160

99160

CERTIFICATE OF DEATH.

99160

(Place of Death.) No. 905 Watts Ct. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary J. Wolf

{Residence, if in Baltimore, Give Street and Number.} 905 Watts Ct

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. 8th 1826

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Wolf

(Address) 905 Watts Court

Filed 3/14 1907

(SAINT C. ANDREWS) PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to Mch 12th 1907

that I last saw h[illegible] alive on Mch 11th 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Dropsy of Asthenia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) 60 DAYS

(Signed) J. W. T. McCarthy M.D.

Address 686 W Franklin St

Date Mch 13th 1907

Place of Burial Holy Redeemer Cemetery

Date March 15th 1907

Undertaker Geo. Bruns

Address 594 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

99162

Ward 14 1

Registered No. B 99161 ✓ 12

CERTIFICATE OF DEATH.

(Place of Death.) *No.* University Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name E. F. Raphel

{ Residence, if in Baltimore, Give Street and Number. } Upper Falls, Balto Co., Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 62 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: married	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Farmer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed March 15 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 14th 1907

I HEREBY CERTIFY, That I attended deceased from Feby 6th 1907 to March 14 1907 that I last saw h... alive on March 14 1907, and that death occurred, on the date stated above, at 1.40 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

..... (DURATION) ... DAYS

Contributory (Primary.) Cystitis and Enlarged Prostate (DURATION) ... DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date March 14th 1907

Place of Burial Bradshaw, Md.

Date March 14 1907

Undertaker Jas & Jos Flynn Hospital

Address 801 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 99162 — Registered No. B 99162

CERTIFICATE OF DEATH.

(Place of Death.) No. 1006 E. Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael J. Byrnes

{Residence, if in Baltimore, Give Street and Number.} 1006 E. Federal St.

Duration of Residence in Baltimore. 5-7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John T. Byrnes

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Byrnes

(Address) 1006 E Federal St

Filed 3/14 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1907 to Mar. 12 1907 that I last saw him alive on Mar. 12 1907 and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate) Intersticular Pneumonitis

(DURATION) 2 months DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Caroline St

Date Mar. 14 1907

Place of Burial St. Vincents Cemetery

Date March 15 1907

Undertaker Henry Hoeckelheimer

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — Registered No. B 99163

153 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1916 Bank St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Swift 99163

{Residence, if in Baltimore, Give Street and Number.} 1916 Bank St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan. 13 1907
AGE	— years, 2 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Charles Swift
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Ella Dian Bokeran
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Swift

(Address) 1916 Bank St.

Filed 3/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14th, 1907

I HEREBY CERTIFY, That I attended deceased from March 12 1907 to March 14 1907 that I last saw him alive on March 12 1907 and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

Life-time (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rohberger M.D.

Address #1709 Aliceanna St.

Date March 14th, 1907

Place of Burial Sacred Heart-Cem.

Date March 15th 1907

Undertaker Germanus Thanz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Removed to 1908 N. Carey St.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6th

Registered No. B 99164

CERTIFICATE OF DEATH.

(Place of Death.) No. 158 N. Curley St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Baker

99164

{Residence, if in Baltimore, Give Street and Number.} 158 N. Curley St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 11th 1
AGE	27 years, 9 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Peter Baker
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Maggie Langenfelder
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md.
OCCUPATION OF DECEASED	Lineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Baker

(Address) 158 N. Curley St.

Filed 3/14 1907

MARY C. ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 2nd 1907 to March 13th 1907 that I last saw h.. alive on March 11th 1907, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pneumonia Lobular

by Acute Pneumonic Phthisis (DURATION) — DAYS

(Signed) Herman J. Gerling M.D.

Address 1437 Eastern Ave.

Date March 14th 1907

Place of Burial Sacred Heart-Cem.

Date March 16 1907

Undertaker Germanus Thamer

Address Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

B99165

missing

HEALTH DE

Ward 19

99166

CERTIFICATE OF D

(Place of Death.) No. B & O R R Tracks (Camden cut above Fremont

Full Name John Frederick King

{ Residence, if in Baltimore, Give Street and Number. } 300 N. Carey St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December 6 1864

AGE: 42 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Frederick King

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Catherine Kershner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Conductor B & O R R Co

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louise King (wife)

(Address) 300 N Carey St

Filed 3/14/07 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 190

I HEREBY CERTIFY, That I attended deceased

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

P. M. CAUSE OF DEATH (Secondary or Imm

Accidently run-o

& mangled by Engine # 2

of B & O R R Co

(DURATION)

Contributory (Primary.)

(DURATION)

(Signed) H. M. Feinhardt

Coroner

Address

Date March 14

Place of Burial Baltimore Cemet

Date March 15

Undertaker Josiah Sifer

Address Rev & Forth Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

9916?

Registered No. B 9916

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 N. Schroeder St.

If Death occurred in Hospital or Institution give its Name instead of Street and Number.

Full Name Geo J. Lauer

{Residence, if in Baltimore, Give Street and Number.} 214 N. Schroeder St

Duration of Residence in Baltimore. 51 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Wht

DATE OF BIRTH: ..... 1.....

AGE: 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Lauer

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs George Lauer

(Address) 214 N Schroeder St

Filed 3/14 1907

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 14 1907

I HEREBY CERTIFY, That I attended deceased from March 8 1907 to March 14 1907

that I last saw h— alive on March 10 1907

and that death occurred, on the date stated above, at 1

CAUSE OF DEATH (Secondary or Immediate.)

Chronic Parenchymatous Nephritis

8 mos (DURATION) DAYS

Contributory (Primary.) Cerebral Congestion

Acute (DURATION) 6 DAYS

(Signed) F J Monsell M.D.

Address 739 W Fayette St

Date March 14 1907

Place of Burial Holy Redeemer

Date March 16 1907

Undertaker H J Brenning

Address 5 S Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

99168

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99168

City of Baltimore, (No. 8 Montebello Ave St.; Batt Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth A. Dixon

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Oct. (Month) 26 (Day) 1814 Year	
AGE: 92 years, 5 months, days	
SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): Unknown	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): Unknown	
OCCUPATION OF DECEASED: Nothing	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant (Mrs.) Chas. R. Dixon

Address 830 N. Eleventh St. Philada. Pa

Filed 3/14 1907 Registrar

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. (Month) 13 (Day), 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 3 1907 to Mch 13 1907, that I last saw her alive on Mch 13, 1907, and that death occurred, on the date stated above, at 1130 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

DURATION) 10 DAYS

Contributory old age.

DURATION) DAYS

(Signed) Hugh Forsythe M. D.

Mch 14 1907 (Address) 424 E. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cem	March 16th 1907
UNDERTAKER	ADDRESS
John J. Fields & Co	1200 W Lombard

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish a certificate of death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, [illegible] on (whether married or single) of the person deceased, and the cause and date of death.

99169

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99169

City of Baltimore, (No. 2038, Madison Ave. Str., ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna M. Pole

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 9 (Month) 16 (Day) 1857 (Year)

AGE: 49 years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Wm Pole

BIRTHPLACE OF FATHER (State or country): Carroll Co Md

MAIDEN NAME OF MOTHER: Sarah A. B. Slater

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pole

(Address) 2038 Madison Ave

Filed 3/14 1907 HARRY C. ANDREWS Registrar

PERMIT G... WM. J. C. D... Thos.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to March 12 1907

that I last saw her alive on Mar 12 1907

and that death occurred, on the date stated above, at 9.30 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of breast

2 years (DURATION) DAYS

Contributory —

(DURATION) DAYS

(Signed) Chas E. Sadtler M. D.

Mar 13 1907 (Address) 1415 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: March 15 1907

UNDERTAKER: E Madison Mitchell — ADDRESS: 20 W Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, [illegible] condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B 99170

CERTIFICATE OF DEATH.

(Place of Death.) No. 2025 Frederick ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Florida A Inskeep

{Residence, if in Baltimore, Give Street and Number.} 2025 Frederick Avenue

Duration of Residence in Baltimore. 65 yrs

B 99170

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 27th 1826

AGE 81 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Frederick Md

FULL NAME OF FATHER Wm Hughes

BIRTHPLACE OF FATHER (State or country) Frederick Md

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) dont Know

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kines

(Address) 2025 Frederick ave

Filed 3/15th 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1907

I HEREBY CERTIFY, That I attended deceased from Mar 11 1907 to Mar 14 1907

that I last saw her alive on Mar 14 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) 1 DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) 3 DAYS

(Signed) W O Harry M.D.

Address 110 S. Gilmor st

Date Mar 14th 1907

Place of Burial Bonnie Brae Cemetery

Date March 16 1907

Undertaker James Dinan & Son

Address 759 W Hamburg st

E. CULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person having the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age** (and if under one year, the number of months or days) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case has been under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single), birthplace, occupation, residence and cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99171

City of Baltimore, (No. 16, N. Pulaski St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John T. Jones,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug (Month) 28. (Day) 1829 (Year)

AGE: 77 years, 6 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Prince George's Md

FULL NAME OF FATHER: Philemon Jones

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary D Waters

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Pulaski St

(Address) Albert Jones 6 N Pulaski St

Filed 3/15 1907

HARRY G. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 12. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 4th 1906 to March 12th 1907 that I last saw h im alive on March 12 1907 and that death occurred, on the date stated above, at 3.45 P. M. The CAUSE OF DEATH was as follows:

Chronic Bright's Disease of the Kidneys

(DURATION) 251 DAYS

Contributory

(DURATION) DAYS

(Signed) Charles G B. M. D.

March 13 1907 (Address) 1111 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park DATE OF BURIAL: March 17 1907

UNDERTAKER: J. B. Cook ADDRESS: 1003 N. Bal

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner in the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single), birthplace, occupation, date and cause of death of deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

99172

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99172

City of Baltimore, (No. 6 Stinson St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME John E Lang

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: Apr 1 1848. (Month) (Day) (Year)

AGE: 58 years, 11 months, 11 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Baldasa Lang.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Wilhelmina

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Lang

(Address) 6 Stinson St

Filed 3/15 1907.

HENRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 12. 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 5. 1907 to March 12. 1907 that I last saw him alive on March 12 1907 and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Appendicitis

(DURATION) 8 DAYS

Contributory I Cannot say

(DURATION) DAYS

(Signed) J. E. Lathimus M. D.

March 13 1907 (Address) 1327 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: March 15 1907

UNDERTAKER: J. B. Cook

ADDRESS: 603 W Balt

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner in the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single), birthplace, occupation, date and cause of death of deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

99173

Registered No. B.....

City of Baltimore, (No. General German Aged Home; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosina Brunner
Roena Brunner

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: White

DATE OF BIRTH: Apr (Month) 23 (Day) 1825 (Year)

AGE: 81 years, 10 months, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Bonfeld Whitenburg

FULL NAME OF FATHER: Martin Klemptt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Susanna Hoffman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ganga

(Address) German Aged Home

Filed 3/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from February 15 1907 to March 13 1907 that I last saw her alive on the 10th 1907, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Apoplexie. She was treated by me for gastric troubles. Died in half an hour. (DURATION) DAYS

Contributory Old age

(DURATION) DAYS

(Signed) L. Reinhard M. D.

March 13 1907 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: March 15 1907

UNDERTAKER: Jos H Cook ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19th

99174

Registered No. B 99174

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2658 London Ave St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James O. Townsend

{ Residence, if in Baltimore, Give Street and Number. } 2658 London Ave

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH September 6 1906

AGE ..... years, 9 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Albert Townsend

BIRTHPLACE OF FATHER (State or country) Dickeyville Md

MAIDEN NAME OF MOTHER Adela C Green

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert E Townsend

(Address) 2658 London Ave

Filed 3/15 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 14 1907

that I last saw h alive on March 14 1907

and that death occurred, on the date stated above, at 6.20 a m. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Asphyxia

(DURATION) — DAYS

(Signed) Asa I Dressel M.D.

Address 510 Frederick Ave

Date March 14 1907

Place of Burial Western Cem

Date March 15 1907

Undertaker Jos B Cook

Address 1003 N Balt

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 99175 Registered No. B 99175

CERTIFICATE OF DEATH.

(Place of Death.) No. 1846 W. Pratt St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Thos. H. McManus

{Residence, if in Baltimore, Give Street and Number.} 1846 W. Pratt St

Duration of Residence in Baltimore. 29 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht

DATE OF BIRTH Sept 7 1877

AGE 29 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Terence McManus

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Bailey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. McManus

(Address) 1846 W Pratt St

Filed 3/15 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 14 1907

I HEREBY CERTIFY, That I attended deceased from Mch 10 1907 to Mch 14 1907

that I last saw him alive on Mch 1907

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Double Lobar Pneumonia

~~Bronchial Asthenia~~

(DURATION) 5 DAYS

Con'tributory (Primary.) Cardiac Asthenia (DURATION) 5 DAYS

(Signed) J. Howard M.D.

Address 739 W Fayette

Date Mch 14 1907

Place of Burial Mt Cathedral Cem

Date March 16 1907

Undertaker Jos. B. Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 99176 Registered No. B 99176

CERTIFICATE OF DEATH.

(Place of Death.) No. 1052 Penna. Ave. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Hugo H. Quinn

{Residence, if in Baltimore, Give Street and Number.} 1052 Penna. ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 23 1874

AGE: 32 years, 3 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Hugo Quinn

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Louisa Gardner

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Jeweler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Geo. H. Quinn

(Address) 1052 Penna. ave.

Filed 3/15 1907 HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

General Paralysis

(DURATION) 5 DAYS

Con'tributory (Primary.)

(DURATION) 1 DAYS

(Signed) Wm Balderston M.D.

Address Two Lex. Av. (Courtesy)

Date Mar. 14th 1907

Place of Burial Mt Olivet Cem

Date March 16th 1907

Undertaker Joseph B Cook

Address 1003 W. Balto St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 99177 — Registered No. B 99177

CERTIFICATE OF DEATH.

Place of Death — No. 203 S. Gilmor St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Elliott

{Residence, if in Baltimore, Give Street and Number.} 203 S. Gilmor St

Duration of Residence in Baltimore. 47 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 13th 1837
AGE	70 years, — months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	John Elliott
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary McCutcheon
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs. Elliott

Address 2038. Gilmor St

Filed 3/15 1907 — HARRY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14th 1907

I HEREBY CERTIFY, That I attended deceased from March 7th 1907 to March 14th 1907

that I last saw h alive on March 14th 1907

and that death occurred, on the date stated above, at 2:30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 1 DAYS

Con'tributory (Primary.) Pulmonary Oedema (DURATION) 6 DAYS

(Signed) M Blaney M.D.

Address 110 S. Gilmor St

Date March 14th 1907

Place of Burial ~~Woodlawn~~ Loraine Co Pa

Date March 17th 1907

Undertaker Jno B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 99178 Registered No. B 99178

166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. If Death occurred in Hospital or Institution give its Name instead of Street and Number.

Full Name William S Wyatt

{Residence, if in Baltimore, Give Street and Number.} Baltimore and Arlington

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 28 1859

AGE: 47 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, City.

FULL NAME OF FATHER: Benjamin F. Wyatt,

BIRTHPLACE OF FATHER (State or country): Virginia,

MAIDEN NAME OF MOTHER: -----

BIRTHPLACE OF MOTHER (State or country): ----

OCCUPATION OF DECEASED: Engraver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo S Simpson

(Address) Belvidere Ave

Filed 3/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 13, 1907

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at M.

CAUSE OF DEATH (Secondary or Immediate) Shock from fractured skull fracture

(DURATION) DAYS

Contributory (Primary) Accidentally thrown by Electric Car (DURATION) DAYS

(Signed) Geo. S. Simpson M.D.

Address 1216 N. Caroline St

Date Mar. 14 1907

Place of Burial Loudon Park

Date March 15 1907 190

Undertaker Geo. T. Little.

Address 531 W. Fremont. Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

99179 Registered No. B 99179

CERTIFICATE OF DEATH.

(Place of Death.) No. 644 W. Lombard St

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name Joseph Bernstein

{Residence, if in Baltimore, Give Street and Number.} 644 W. Lombard St.

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH

AGE 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Solomon Bernstein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rachel Rubinstein

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Rose Bernstein

(Address) 644 W. Lombard St

Filed 3/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3/14/1907

I HEREBY CERTIFY, That I attended deceased from 3/14/1907 to 3/14/1907 that I last saw h alive on 3/14/1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

Contributory (Primary.) asthma (DURATION) DAYS

Nephritis (DURATION) DAYS

(Signed) F. R. Winslow M.D.

Address 24 W. Hoff Baltimore Md.

Date 3/15/1907

Place of Burial Lehna Philpot Road Rose Dale

Date March 15, 1907

Undertaker Max Levinson

Address 1626 Eutaw St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

HEALTH DEPARTMENT, City of Baltimore.

99180 Registered No. B 99180

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Libby Hasbrouck Fields

{Residence, if in Baltimore, Give Street and Number.} 1718 McCulloh St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country)

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Lauder Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/12/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1906 to March 12 1907 that I last saw h alive on March 12 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

Signed) R R Vonnie M.D.

Address Bay View Hospl.

Date March 12 1907

Place of Burial Asbury

Date March 15 1907

Undertaker R F Elliott

Address 506 Rogers Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B 99181

City of Baltimore, (No. 425 N Durham St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob Bush (

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: C.

DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

AGE: 3 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jodson Bush

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Rosie Houghton

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Father Hodson

Address: 425 N Durham

Filed 3/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from about 2 weeks 1907 to March 13 1907 that I last saw h-- alive on March 11th 1907, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

about 2 weeks (DURATION) ..... DAYS

Contributory

Exhaustion (DURATION) ..... DAYS

(Signed) Walter M. White M.D.

March 1907 (Address) 1107 E. Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: March 15 1907

UNDERTAKER: R E Elliott

ADDRESS: 5 of Request

WM. J. C. DULANY CO., BALTIMORE.

Ward 19 99182 Registered No. B 99182

CERTIFICATE OF DEATH.

(Place of Death.) No. 1036 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name May Bell Earkett.

{Residence, if in Baltimore, Give Street and Number.} 1036. W- Lexington St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: July 2 1905

AGE: 1 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Howard Ereson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie Earkat

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Earkat

Address 1036 W. Lexington St.

Filed 3/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1907.

I HEREBY CERTIFY, That I attended deceased from March 7th 1907 to March 13th 1907.

that I last saw her alive on March 12th 1907.

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis (DURATION) 7 DAYS

Contributory (Primary.)

Cerebral Confusion (DURATION) 7 DAYS

(Signed) Edward E. Rastmajer M.D.

Address 1339 N. North Ave

Date Baltimore March 14th 1907.

Place of Burial Laurel Cemetery

Date March 15 1907

Undertaker P. A. Gilbert

Address 506 Park Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 99183 Registered No. B 99183 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1623 W. Lafayette ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah A. Rowlenson

{Residence, if in Baltimore, Give Street and Number.} 1623 W. Lafayette ave.

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: Unknown 1

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Talbott Co. Md.

FULL NAME OF FATHER: William Rowlenson

BIRTHPLACE OF FATHER (State or country): Talbott Co Md

MAIDEN NAME OF MOTHER: Catharine Lambden

BIRTHPLACE OF MOTHER (State or country): Talbott Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas J. Miles

(Address) 1623 W. Lafayette ave

Filed 3/16 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15 1907

I HEREBY CERTIFY, That I attended deceased from Mar 1 1907 to Mar 15 1907

that I last saw her alive on Mar 14 1907,

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) DAYS

Contributory (Primary.) 6 mos

(DURATION) DAYS

(Signed) C. T. Smith M.D.

Address 528 Hanover St

Date March 15 1907

Place of Burial Sherwood Talbott Co. Md.

Date March 16 1907

Undertaker Wm. Andrew Robb Son

Address 30 Emma Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 99184 — Registered No. B 99184

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1328 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard H Harwood

{Residence, if in Baltimore, Give Street and Number.} 1328 N Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 20 1906

AGE 0 years, 2 months, 14 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Eugene B Harwood

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary F Russell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene B Harwood

(Address) 1328 N Broadway

Filed 3/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1907

I HEREBY CERTIFY, That I attended deceased from March 9 1907 to March 14 1907 that I last saw h alive on March 13 1907, and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary)

Colitis (DURATION) 5 DAYS

(Signed) Theo Wood M.D.

Address 914 N Charles St

Date March 15 1907

Place of Burial Mt Olivet

Date Mar 15 1907

Undertaker Robt J Turner

Address B'way & Oliver

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 99185 Registered No. B 99185

CERTIFICATE OF DEATH.

(Place of Death.) No. 419 N Wolfe St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Mincher

{Residence, if in Baltimore, Give Street and Number.} 419 N Wolfe St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH May 13 1881

AGE 25 years, 10 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George William Schneider

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Louisa Kerner

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George William Schneider

(Address) 419 N Wolfe St

Filed 3/15 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1907

I HEREBY CERTIFY, That I attended deceased from about the month of March 1906 to March 13 1907 that I last saw h[illegible] alive on March 12 1907, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

about one year (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date March 13 1907

Place of Burial Oak Lawn Cem.

Date 3/15/07 190

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 99186

CERTIFICATE OF DEATH.

125

(Place of Death.) No. 1536 Penna Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Kreigenhofer

{Residence, if in Baltimore, Give Street and Number.} 1536 Penna Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Jany 16th 1862

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Kreigenhofer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Veronica Pinhof

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Collar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Kreigenhofer

(Address) 511 Mosher St

Filed 3/15 1907 HARRY C. ANDRESS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 14 1907

I HEREBY CERTIFY, That I attended deceased from Mar 9 1907 to Mar 14 1907 that I last saw h is alive on March 14 1907, and that death occurred, on the date stated above, at 11:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bright's disease of Kidneys

Uraemia (DURATION) 5 DAYS

Contributory (Primary.) Bright's Disease (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1307 Nichols St

Date March 15th 1907

Place of Burial Holy Redeemer

Date March 16th 1907

Undertaker M. F. Carey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 99187 Registered No. B 99187

42

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Hubert Hagan

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inft. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR White

DATE OF BIRTH June 24 1906

AGE ..... years, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 3/15 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1907

I HEREBY CERTIFY, That I attended deceased from March 10th 1907 to March 13th 1907

that I last saw him alive on March 11 1907,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fowler M.D.

Address 9-6. Biddle St.

Date March 14 1907

Place of Burial New Cathedral

Date Mar. 15th 1907

Undertaker Martin Gahan & Sons

Address 120 Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99188

CERTIFICATE OF DEATH.

Registered No. B [redacted]

City of Baltimore, (No. 764 Dolphin St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bridget Bannion

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown (Month) (Day) 1 (Year)

AGE: 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Burns

(Address) 764 Dolphin St

Filed 3/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 14 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to March 14 1907 that I last saw h- alive on March 14 1907, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Intestinal Nephritis

Duration 8 months

Contributory Cirrhosis

(DURATION) DAYS

(Signed) D. L. Dietz M. D.

March 14 1907 (Address) 9 and 11 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Crew Cathedral — DATE OF BURIAL: March 18 1907

UNDERTAKER: H. Fahey & Sons — ADDRESS: 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex and condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 99189 Registered No. B 99189 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 116 Coleman Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Violette M Morgan.

{Residence, if in Baltimore, Give Street and Number.} 116 Coleman Court.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 4 1907

AGE ..... years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Howard S Morgan

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Ada V Lohn

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs Lena V Lohn (grandmother)

(Address) 116 Coleman St

Filed 3/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Insanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. M. Barnhardt M.D.

Address Coroner

Date March 14 1907

Place of Burial Baltimore Md

Date March 16 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7D

99190 Registered No. B 99190

CERTIFICATE OF DEATH.

Place of Death.) No. 5 Williamson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William E Sommers

{Residence, if in Baltimore, Give Street and Number.} 5 Williamson St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Aug 1st 1907

AGE: ..... years, 7 months, 7 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John W. Sommers

BIRTHPLACE OF FATHER (State or country): Queen Anns Co.

MAIDEN NAME OF MOTHER: Mary R. Beecher

BIRTHPLACE OF MOTHER (State or country): Queen anns Co.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Albert O Sommers.

Address: 5 Williamson St

Filed 3/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 14th 1907

I HEREBY CERTIFY, That I attended deceased from March 7 1907 to March 14th 1907

that I last saw him alive on March 13th 1907.

and that death occurred, on the date stated above, at 9 A M.

CAUSE OF DEATH (Secondary or Immediate)

Tuberculer Meningetis

1 week (A) 1 DAYS (DURATION)

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 Shoale ST

Date 1907

Place of Burial Winchester Station Queen Anns. Co. Md

Date March 15th 1907

Undertaker Jos. Stinchcomb

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 99191 Registered No. B 99191

CERTIFICATE OF DEATH.

(Place of Death.) No. 1807 Edmondson Ave - St. If Death occurred in Hospital or institution, give its Name instead of Street and Number.

Full Name Maurice C. Leesan

{Residence, if in Baltimore, Give Street and Number.} 1807 Edmondson Ave -

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feby 28 1871
AGE	36 years, — months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Maurice C. Leesan
BIRTHPLACE OF FATHER (State or country)	Balto. Md
MAIDEN NAME OF MOTHER	Mary Ridge
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Florence Walsh

Address 819 N. Lenindale ave

Filed 3/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 13 1906 to March 14 1907 that I last saw h[illegible] alive on March 13 1907, and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 16 months

Contributory (Primary.) Asthenia

(DURATION) 1 month

(Signed) Henry C. Coale M.D.

Address 120 W. Fayette St

Date March 14— 1907

Place of Burial London Park

Date Mar. 16th 1907

Undertaker Geo. J. Smith & Co

Address [illegible] W. Fayette st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 99192 Registered No. B 99192

CERTIFICATE OF DEATH.

(Place of Death.) No. 654 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Cecilia Hoover

{Residence, if in Baltimore, Give Street and Number.} 654 Columbia Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Nov 1st 1835
AGE	71 years, 4 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto Co. Md
FULL NAME OF FATHER	Samuel Owens
BIRTHPLACE OF FATHER (State or country)	Balto. Co. Md
MAIDEN NAME OF MOTHER	Eliza Brooks
BIRTHPLACE OF MOTHER (State or country)	Balto. Co. Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Samuel Owens

Address Catonsville

Filed 3/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from Oct 21 1906 to March 12 1907 that I last saw her alive on March 12, 1907, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or ~~Immediate~~)

Paralysis

DURATION 142 DAYS

Contributory (~~Primary~~)

(DURATION) DAYS

(Signed) J. C. Lumpkin M.D.

Address 653 Columbia Ave.

Date March 12, 1907

Place of Burial London Park

Date Mar 15 1907

Undertaker Geo J Smith Co

Address 1008 N Fayette st

WM. J. C. DULANY CO., Baltimore

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 99193

99193

CERTIFICATE OF DEATH.

(Place of Death.) No. 621 N. Bond St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel E. Weeks

{Residence, if in Baltimore, Give Street and Number.} 621 N Bond St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 16th 1855

AGE 52 years, 2 months, 26 days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~ Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Roche E Weeks

BIRTHPLACE OF FATHER (State or country) Montgomery Co Md

MAIDEN NAME OF MOTHER Elizabeth J. Weeks

BIRTHPLACE OF MOTHER (State or country) Harford Balto Co Md

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Wm Henry Weeks

Address 621 N. Bond St

Filed 3/15 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1907

I HEREBY CERTIFY, That I attended deceased from Jan 21 1907 to March 13 1907 that I last saw h alive on March 13 1907, and that death occurred, on the date stated above, at —

11. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculosis 4 weeks.

(DURATION) DAYS

Contributory (Primary)

Lobar Pneumonia DURATION 14 DAYS

(Signed) Arthur Wegforth M.D.

Address 1207 E Monument

Date March 13 1907

Place of Burial London Park

Date Mar 16 1907

Undertaker Geo J Smith Co

Address 1111 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 99194 Registered No. B 99194

CERTIFICATE OF DEATH.

(Place of Death.) No. Nw - of Maryland Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred Newman

{Residence, if in Baltimore, Give Street and Number.} 517 S. Paca -

Duration of Residence in Baltimore. My whole life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White -

DATE OF BIRTH 1

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) England -

FULL NAME OF FATHER George Newman

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) England -

OCCUPATION OF DECEASED Iron Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. T. Barnes

(Address) 652 W. Lexington St

Filed 3/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13, 1907

I HEREBY CERTIFY, That I attended deceased from As Below 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 12 m. CAUSE OF DEATH (Secondary or Immediate)

Fracture of base of Skull, by accidentally falling while at work at Hamm & Boone's (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lightner M.D. Coroner

Address 211 N. Lanvale

Date 3, 14 1907

Place of Burial Trinity Cemetery

Date March 16 1907

Undertaker John J. Conran

Address 901 Hollins St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99195

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99195

City of Baltimore, (No. 920, Hart St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George W. Cox

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: July 8 1864 (Month) (Day) (Year)

AGE: 42 years, 8 months, 4 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Enos Cox

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER: Sarah E. Harris

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah E. Cox

(Address) 920 Hart St

Filed 3/15 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 12, 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 15, 1907 to March 12, 1907 that I last saw him alive on March 12, 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Bronchitis, complicated with asthma

(DURATION) 30 DAYS

Contributory Cardiac Syncope

(DURATION) 1 DAY

(Signed) David W. Jones M. D.

March 14 1907 (Address) 211 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Mary's Cemetery | DATE OF BURIAL: March 15 1907

UNDERTAKER: H. Sander & Sons | ADDRESS: 1210 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 99196 Registered No. B 99196

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James Hatta

{ Residence, if in Baltimore, Give Street and Number. } 631 Jefferson st.

Duration of Residence in Baltimore. [redacted]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: [illegible] 1 [illegible]

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. Evans.

(Address) 610 Jefferson St.

Filed 3/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 13 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to March 13 1907 that I last saw h[illegible] alive on March 12 1907, and that death occurred, on the date stated above, at 2 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis - Endocarditis Chronic Nephritis & Arteriosclerosis

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Chas. L. Grogan M.D.

Address St. Joseph Hospital

Date March 13 1907

Place of Burial Baltimore Cemetery

Date March 16th 1907

Undertaker William Coad

Address 613 E Northaven

WM. J. C. DULANY CO., Baltimore

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 99197 — Registered No. B 99197

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 257 S Bethel st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily Elliott

{Residence, if in Baltimore, Give Street and Number.} 257 S Bethel st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female — COLOR: Colored

DATE OF BIRTH: 10 august 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: John Elliott

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Joseph Elliott

(Address 251 S Bethel st

Filed 3/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 14th 1907

I HEREBY CERTIFY, That I attended deceased from Mar 7th 1907 to Mar 14 1907 that I last saw her alive on " 12 1907 and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Senile debility (DURATION) DAYS

(Signed) J. H. Dunnr M.D.

Address 1735 Bank 24

Date Mar 14th 1907

Place of Burial Asbury Cemetary

Date March 16 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

99198

Registered No. B

City of Baltimore, (No. 1529 Marshall St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Gohlinghorst Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) (Day) 1867 (Year)

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Gohlinghorst

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Müller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: S. Griffith Davis M.D.

(Address) 1230 Eager St.

Filed 3/14 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 14th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from October 18th 1906 to March 14th 1907

that I last saw him alive on March 13th 1907,

and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia.

(DURATION) 5 DAYS

Contributory Carcinoma of Lungs and Pleurae (DURATION) 9 months

(Signed) S. Griffith Davis M.D.

March 14th 1907 (Address) 1230 Eager St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? √ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: March 18 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 99199 Registered No. B 99199 24

CERTIFICATE OF DEATH.

(Place of Death.) No. 2077 Woodbury Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary Lucella Hopkins

{Residence, if in Baltimore, Give Street and Number.} 2077 Woodbury Ave

Duration of Residence in Baltimore. 3 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 26 1888

AGE: 19 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: John L. Parks

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grover Hopkins

Address 2077 Woodbury Ave

Filed 3/15 1907 HENRY U. INGRAM, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to March 5 1907

that I last saw h[illegible] alive on March 5 1907

and that death occurred, on the date stated above, at 9 A.M.

CAUSE OF DEATH (Secondary or Immediate)

(Dr Elgin is now away from home)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) R. B. Normal-MD for Dr. H. C. Elgin. M.D.

Address 3543 Chestnut Ave

Date March 13th 1907

Place of Burial St Mary's Hampden

Date Mar 15 1907

Undertaker W. E. Shamroth & Son

Address 918 E. Fort Ave Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99200

City of Baltimore, (No. 1823 Lemmon St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary F Jefferson

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: Black

DATE OF BIRTH: ... 1 (Month) (Day) Year)

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Nun

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma H Dennis

(Address) 1372 Presstman

Filed 3/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 13 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to March 13 1907 that I last saw h alive on March 13 1907, and that death occurred, on the date stated above, at 9 45 P. M. The CAUSE OF DEATH was as follows:

Edema of body (DURATION) 3 mos. DAYS

Contributory Heart — (DURATION) DAYS

(Signed) C Stanley Johns M.D.

3/14 1907 (Address) 1655 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? 7 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Auburn — DATE OF BURIAL: March 15 1907

UNDERTAKER: Emma H Dennis — ADDRESS: 1372 Presstman

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 99201 Registered No. B 99201

CERTIFICATE OF DEATH.

(Place of Death.) No. 632 Campbell Street. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leanna Williams

{Residence, if in Baltimore, Give Street and Number.} 632 Campbell

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Jan 9 1879

AGE 28 years, 3 months, 4 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Elijah Williams

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Emma Williams

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Williams

(Address) 632 Campbell St

Filed 3/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1907

I HEREBY CERTIFY, That I attended deceased from March 9 1907 to March 13 1907 that I last saw h[illegible] alive on March 12 1907, and that death occurred, on the date stated above, at 25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Hydrocarditis

(DURATION) 5 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 5 DAYS

(Signed) A. T. Bowles M.D.

Address 1125 Light St

Date March 15 1907

Place of Burial Mt Auburn Cem.

Date March 16 1907

Undertaker John H. Bogdon

Address 142 W. Hill St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99202

City of Baltimore, (No. 623, Wayne St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Russel H. Lewis.

PERSONAL AND STATISTICAL PARTICULARS

SEX: mple

COLOR: colurd

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 4 years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: charles Lewis

BIRTHPLACE OF FATHER (State or country): bal — —

MAIDEN NAME OF MOTHER: Castella mason

BIRTHPLACE OF MOTHER (State or country): bal

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant, Castella Lewis

Address 629 Wayne st

Filed 5/15-7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March. (Month) 13. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 3, 1907 to Mar. 12 1907 that I last saw h im alive on 12. Mar 1907, and that death occurred, on the date stated above, at 2.30 a.m. The CAUSE OF DEATH was as follows:

Cerebral Meningitis

(DURATION) 4 DAYS

Contributory Gastro Enteritis

(DURATION) 10 DAYS

(Signed) [illegible] M. D.

Mar 13 1907 (Address) 522 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. auburn Cem, — DATE OF BURIAL: Mar 15 1907

UNDERTAKER: John H. Toadvine — ADDRESS: 942 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7th 99203 Registered No. B 99203

CERTIFICATE OF DEATH.

(Place of Death.) No. 121 E Gittings St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter W. Foole

{Residence, if in Baltimore, Give Street and Number.} 121 Gittings St Lift

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH July 20 1907

AGE — years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Walter W. Foole

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Josephine Garman

BIRTHPLACE OF MOTHER (State or country) Harrisburg Pa

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J. Foole (mother)

(Address) 121 Gittings St

Filed 3/16 1907 HENRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

(DURATION) DAYS

Contributory (Primary) Acute Indigestion

(DURATION) DAYS

(Signed) H. Reinhardt M.D.

Address Coroner

Date March 15. 1907

Place of Burial Cedar Hill Cem.

Date Mch. 16 1907.

Undertaker John P. Cahill

Address 1732 Wilkens Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 99304 Registered No. B 99304

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabelle Knight

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address)

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1907

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to March 13 1907 that I last saw h[illegible] alive on March 13 1907, and that death occurred, on the date stated above, at 5 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) DAYS

Contributory (Primary) Exhaustion

..... (DURATION) DAYS

Signed R R Vonis M.D.

Address Bay View Hospital

Date March 13 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 15 1907 190 ....

Undertaker William H Woodyer

Address 1811 Aisquith

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 99305 Registered No. B 99305

CERTIFICATE OF DEATH.

(Place of Death.) No. 2219 Hunters Ln St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown name

{Residence, if in Baltimore, Give Street and Number.} 2219 Hunters Ln

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH March 13 1907

AGE 1 Day

..... years, ... months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm Scott

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Harris

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Bayley

(Address) 224 Guilford Ave

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1907

I HEREBY CERTIFY, That I attended deceased from March 13 1907 to March 14 1907

that I last saw h.. alive on March 14 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Atelectasis

6 1/2 Mo.

Premature Birth

..... (DURATION) DAYS

Contributory (Primary) Mother Ill

Syphilitic Hist (DURATION) DAYS

(Signed) Harry Wm Baetjer M.D.

Address 220 Guilford Ave

Date March 15 1907

Place of Burial COLLEGE OF P. & S.

Date MAR 15 1907 190.....

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 99206 — Registered No. B 99206

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Henry Spamer

{Residence, if in Baltimore, Give Street and Number.} 417½ Dallas St

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1841

AGE: 66 years, ... months, ... days

~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Supt.

(Address) Laurel Holyoay,

Filed 3/15 1907

BAY VIEW ASYLUM.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1907

I HEREBY CERTIFY, That I attended deceased from March 12 1907 to March 14 1907 that I last saw h[illegible] alive on March 14 1907, and that death occurred, on the date stated above, at 4 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral regurgitation

Chronic alcoholism

Syphilitis

(DURATION) ... DAYS

Contributory (Primary) Cerebral hemorrhage

(DURATION) ... DAYS

(Signed) R K Noble M.D.

Address Bay View Hospital

Date March 14 1907

Place of Burial National Cemetery

Date Mar 16th 1907

Undertaker Chas G Bailey

Address 1421 Jefferson St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 9920? — Registered No. B 9920?

CERTIFICATE OF DEATH.

(Place of Death.) No. 1210 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herbert H. Hammer

{Residence, if in Baltimore, Give Street and Number.} 1210 W. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1906

AGE: 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Stonewall D. Hammer

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie Hammer

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Field

(Address) 1200 W. Lombard st

Filed 3/15 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2 1907 to Jan 13 1907 that I last saw h[illegible] alive on Jan 13 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate) Broncho pneumonia

Thirteen (DURATION) DAYS

Contributory (Primary.) Hathenia

(DURATION) DAYS

(Signed) John C. Young M.D.

Address 1302 W. Lombard st

Date Jan 13 1907

Place of Burial Loudon Park

Date Mar 16th 1907

Undertaker John L. Field

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 99208 — Registered No. B 99208

CERTIFICATE OF DEATH.

(Place of Death.) No. 913 W White's Al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emily Winn

{Residence, if in Baltimore, Give Street and Number.} 913 W White's Al

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unknown 1

AGE 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) —

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) do

MAIDEN NAME OF MOTHER do

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Blanche Johnson

(Address) 913 White's Alley

Filed 3/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 14 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Mch 14 1907

that I last saw her alive on Mch 13 1907

and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Rectum

18 mos (DURATION) DAYS

Con'tributory (Primary.) Asthenia

Injo (DURATION) 0 DAYS

(Signed) J L Norwood M.D.

Address 939 W Fayette St

Date Mch 14 1907

Place of Burial Laurel Cemetery

Date March 16th 1907

Undertaker Felix D Rye

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 99209 Registered No. B 99209

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 W Montgomery — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George J. Sturm

{Residence, if in Baltimore, Give Street and Number.} 10 W Montgomery St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 13 1863

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Anthony Sturm

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs D. Sturm

Address: 10 W. Montgomery

Filed 3/15 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 13 — 1907

I HEREBY CERTIFY, That I attended deceased from Jan 22 1907 to Mar 13 1907 that I last saw him alive on Mar 13 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hanover St

Date Mar 14 — 1907

Place of Burial Western Cemetery

Date March 16 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99210

City of Baltimore, (No. 1537, W Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Aidt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 42 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Louis Aidt

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Margaret Aug

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A Aidt

(Address) 704 Druid hill ave

Filed 3/15/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ——— 190 ... to Mar 13 1907

that I last saw him alive on Mar 13 1907,

and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Phthisis,

(DURATION) ..... DAYS

Contributory Bronchitis

(DURATION) ..... DAYS

(Signed) W P Morgan M. D.

Mar 14 1907 (Address) 313 W Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? / Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 3/16/1907

UNDERTAKER: Wm J Schilling — ADDRESS: 204 N Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death,

Ward 14

Registered No. B 99211

CERTIFICATE OF DEATH.

(Place of Death.) No. 2138 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gladdis Joyce

{Residence, if in Baltimore, Give Street and Number.} 2138 Division St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Daniel Joyce

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary E Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Joyce

(Address) 2138 Division st.

Filed March 16th 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 15 1907 that I last saw h[illegible] alive on March 14 1907, and that death occurred, on the date stated above, at 3 45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Bronchio-Pneumonia

(DURATION) 15 DAYS

(Signed) Jno P Kaden M.D.

Address 852 W. North Ave

Date March 15 1907

Place of Burial St. Peters Cemetery

Date March 16th 1907

Undertaker Felix J Pue.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99212

City of Baltimore, (No. 2124, Eagle St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. A. Duvall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 13th (Day) 1873 (Year)

AGE: 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Geo. A. Duvall

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Addie Barnes

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Surgeon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Addie Duvall

(Address) 2124 Eagle St

Filed 3/16 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 15, (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 14, 1907 to March 15 1907 that I last saw h.. alive on March 14 1907, and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 4 DAYS

Contributory Cerebral hemorrhage

(DURATION) 4 DAYS

(Signed) P. C. Dickey M. D.

March 15, 1907 (Address) 216 Frederick Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet

DATE OF BURIAL: March 17th 1907

UNDERTAKER: C. F. McCormick

ADDRESS: 1729 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward

99213 Registered No. B 99213

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 N Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Zimmerer

{Residence, if in Baltimore, Give Street and Number.} 702 N Caroline St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 23 1831

AGE: 76 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Stephen Roerber

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John G. Zimmerer

Address No 702 N.

Filed 3/16 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1907

I HEREBY CERTIFY, That I attended deceased from March 5 1907 to March 14 1907

that I last saw h alive on March 14 1907,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mel-

Contributory (Primary.) Exhaustion (DURATION) 9 DAYS

(DURATION) DAYS

(Signed) G C Bloodes M.D.

Address 143 N. Bway

Date 190

Place of Burial Holy Redeemer.

Date March 18th 1907

Undertaker A. Stink & Son

Address 915 E. Gay St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT. CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 99214

City of Baltimore, (No. Hospital for the Relief of Crippled & Deformed Children St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Andrew Goldsborough

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 2nd (Day) 1900 (Year)

AGE: 6 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joseph W. Goldsborough

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Nellie A Yates

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Nellie A Goldsborough

Address: 1804 Oakley St.

Filed 3/16 1907

HARRY O. (ANDREWS,) PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 14, (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 9th 1907 to March 14, 1907 that I last saw him alive on March 14, 1907, and that death occurred, on the date stated above, at 5.45 P. M. The CAUSE OF DEATH was as follows:

Acute Otitis Media

(DURATION) 5 DAYS

Contributory

(DURATION) DAYS

(Signed) H. G. Cantwell M. D.

March 14, 1907 (Address) 2020 N. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1804 Oakley St How long at Place of Death? 2 years Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Peters Cemetery

DATE OF BURIAL: Mar 16 1907

UNDERTAKER: Wilson W Shriver

ADDRESS: 716 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99215

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No.) 1540 N. Carey St.; Ward

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Abraham Griffith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 24 1844 (Month) (Day) (Year)

AGE: 62 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Alexander Griffith

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eliza Ellen (last name not known)

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Laura V. Griffith

Address: 340 N Carey St

Filed: 3/16 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 14th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 16 1907 to March 14 1907 that I last saw h[im] alive on March 14 1907, and that death occurred, on the date stated above, at 11 P.

M. The CAUSE OF DEATH was as follows:

La Grippe followed by Bronchitis, which became Chronic

DURATION DAYS

Contributory Weakness of Heart

Wasting DURATION 30 DAYS

(Signed) E. A. Smith M. D.

March 15 1907 (Address) 20 W North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	March 17 1907
UNDERTAKER	**ADDRESS**
Albert H. Shriver	216 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

Ward 7 95216 Registered No. B 95216

CERTIFICATE OF DEATH.

(Place of Death.) No. 1413 W. Mulberry St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name James M Vansant

{Residence, if in Baltimore, Give Street and Number.} 1413 W Mulberry

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 5 1840

AGE 67 years, 2 mont's, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Josuah Vansant

BIRTHPLACE OF FATHER (State or country) Kent co Md

MAIDEN NAME OF MOTHER Mary Mzies

BIRTHPLACE OF MOTHER (State or country) Boston

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs Jas M Vansant

Address 1413 W Mulberry st

Filed 3/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1907

I HEREBY CERTIFY, That I attended deceased from March 9 1907 to Mar 14 1907

that I last saw him alive on Mar 14 1907

and that death occurred, on the date stated above, at 6 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Blood Poison

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

Signed Edward H. London M.D.

Address 1403 W Fayette st

Date March 16 1907

Place of Burial Loudan Park

Date March 16th 1907

Undertaker E Madison Mytchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 9921? Registered No. B ..... 9921?

CERTIFICATE OF DEATH.

(Place of Death.) No. 1140 Kirk St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J. Sutton

{Residence, if in Baltimore, Give Street and Number.} 1140 Kirk St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: Unknown 1

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Richard Sutton

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Baker

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: White Washer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mary Emory

Address: 1140 Kirk St

Filed 3/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 14 1907

I HEREBY CERTIFY, That I attended deceased from 1624 1907 to March 14 1907

that I last saw him alive on March 13 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ethmoiditis

(DURATION) 2 DAYS

Contributory (Primary) Mitral Regurgitation (DURATION) 6 Months

(Signed) John E. Hall M.D.

Address 617 N. Lafayette Ave

Date March 15th 1907

Place of Burial Mt Auburn Cemetery

Date March 16 1907

Undertaker Isaac Brown

Address 565 Eutaw St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex*** and ***condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — 99218 — Registered No. B 99218

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Place of Death.) No. 1515 Eastern St.

Full Name Charles Gos

{Residence, if in Baltimore, Give Street and Number.} 1515 Eastern Ave

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs George Arnold

(Address) 1515 Eastern Ave

Filed 3/16 1907 — HARRY G. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15 1907

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to March 15 1907 that I last saw him alive on March 14 1907; and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of the Heart.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto W. Reinhardt M.D.

Address 1017 So Charles St

Date March 15 1907

Place of Burial Mount Carmel

Date Mar 17 1907

Undertaker Wendell Enfield & Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 99219 — Registered No. B 99219

CERTIFICATE OF DEATH. 159

Place of Death.) No. 81 Dargan Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Alcidi Picciuci

{ Residence, if in Baltimore, Give Street and Number. } 809 Stiles

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Roberta

(Address) 809 Stiles

Filed 3/16 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 14 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Pistol

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo P Carullers M.D.

Address Coroners Dept

Date Mar 15 1907

Place of Burial St Vincents Cem

Date Mar 18 190 7

Undertaker Kendall Burial Assn

Address 230 S Bond St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99220 Registered No. B

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 424 E 26th St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Julia A. R. Gilley

{Residence, if in Baltimore, Give Street and Number.} No 424 E 26th St

Duration of Residence in Baltimore. About 80 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Unknown 1

AGE: 100 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Martha Eademan

(Address) 26th & O

Filed 3/16 1907 HENRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1907

I HEREBY CERTIFY, That I attended deceased from March 8 1907 to March 14 1907 that I last saw her alive on March 14 1907, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age. General breaking down of whole system No marked disease.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos. A. Milliman M.D.

Address 2449 York Road

Date March 15 1907

Place of Burial Loudenwood Cem

Date March 18 1907

Undertaker Thos Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 99221 Registered No. B 99221 164

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Ellen Jamison

{Residence, if in Baltimore, Give Street and Number.} 1515 N. Wallas St - Balto Md

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE 91 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C Salter

(Address) 1210 N. Caroline St

Filed 3/16 1907 HARRY G. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March - 15 1907

I HEREBY CERTIFY, That I attended deceased from Jan - 22 1907 to Mar - 15 1907

that I last saw h alive on Mar 15 1907, at 5.45 P. M.

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Senility and Fractured femur (DURATION) 60 DAYS

(Signed) M. W Shorb M.D.

Address Md Homeo Hospital

Date March - 15 - 1907

Place of Burial Greenmount

Date March 17 1907

Undertaker Howard Co

Address 102 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 99222 Registered No. B 99222

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 W Pare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna H Bockelmann

{Residence, if in Baltimore, Give Street and Number.} 426 W Pare St

Duration of Residence in Baltimore. about 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 11 1886

AGE 71 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Bergner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Bockelmann

(Address) 426 W Pare St

Filed 3/16 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to March 13th 1907 that I last saw h[er] alive on March 13th 1907 and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Catarrhal Pneumonia

Central regurgitation

9 months (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 835 Light St

Date March 15 1907

Place of Burial Loudon Park

Date Mar 16 1907

Undertaker Wm J Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 99223 Registered No. B 99223

CERTIFICATE OF DEATH.

(Place of Death.) No. 1707 W Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louise R. Croswell

{Residence, if in Baltimore, Give Street and Number.} 1707 W. Lanvale

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 6 1906

AGE 1 years, 1 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Infant

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Winlow Croswell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ella J Croswell

BIRTHPLACE OF MOTHER (State or country) Washington D.C.

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mother

Address 1707 Lanvale St.

Filed 3/16 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14th 1907

I HEREBY CERTIFY, That I attended deceased from March 11th 1907 to March 14th 1907

that I last saw h[illegible] alive on March 14 1907,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Morton M.D.

Address 1638 N Gilmor

Date March 16 1907

Place of Burial Loudon Park

Date Mar 16 1907

Undertaker Wm. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward W 99224 Registered No. B 99224

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bernard Carroll

{Residence, if in Baltimore, Give Street and Number.} Fiji.

Duration of Residence in Baltimore. 104 E. Mulberry St

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR Col.

DATE OF BIRTH 1

AGE 2 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Albert Carroll

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary Hickman

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mary Carroll

Address 164 E Mulberry St

Filed 3/16 1907 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 31 1907 to Mch 16 1907

that I last saw h[illegible] alive on Mch 16 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Emphysema — Coke Lepsis.

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) W. H. Dorsey M.D.

Address City Hospital

Date March 16 1907

Place of Burial Cathedral Cem

Date March 16 1907

Undertaker Felix B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99225

City of Baltimore, (No. 1131, First St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carl William Chase

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro

DATE OF BIRTH: March 4th 1907 (Month) (Day) (Year)

AGE: ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Wm Chase

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Lillian Myers.

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Howard Lockard M.D.

(Address) 529 N. Monroe St.

Filed 3/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 5th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 4th 1907 to March 5th 1907 that I last saw him alive on March 4th 1907, and that death occurred, on the date stated above, at 10.30 A.M. The CAUSE OF DEATH was as follows:

Immature Birth

(DURATION) ..... DAYS

Contributory Premature Birth

(DURATION) ..... DAYS

(Signed) J. Howard Lockard M. D.

March 5th 1907 (Address) 529 N. Monroe St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Penn	March 6 1907
UNDERTAKER	ADDRESS
R A Elliott	508 Rogers Av

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 99226 Registered No. B 99226

CERTIFICATE OF DEATH.

Place of Death. No. 831 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Reineck

{Residence, if in Baltimore, Give Street and Number.} 831 N. Patterson Pk. Ave

Duration of Residence in Baltimore..... 65 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 28th 1840

AGE 65 years 7 months 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Anna Reineck

Address 831 N. Patterson Pk Ave

Filed 3/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1907 to Mar. 14 1907 that I last saw h[illegible] alive on Mar. 14, 1907 and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes mellitus.

(DURATION) 4 m. DAYS

Contributory (Primary) Diabetic Coma

(DURATION) 24 hrs. DAYS

(Signed) Emil Novak M.D.

Address 839 N. Patterson Pk. Ave

Date March 15 1907

Place of Burial Baltimore.

Date 3/17/07 1907

Undertaker J. Herring & Son

Address 2008 Eutaw St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

99227 Registered No. B 99227

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Rose

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem.	Col.

DATE OF BIRTH: Jan. 21 1907

AGE: — years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Nun

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alvin W. Kleinman

(Address) 2005 Madison Ave

Filed 3/16 1907

HARRY C. ANDREW Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1907 to March 13 1907 that I last saw h alive on March 12 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 21 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Alvin W. Kleinman M.D.

Address 2005 Madison Ave

Date March 13 1907

Place of Burial Bredrat Cem

Date March 16 1907

Undertaker J. C. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... 99228 Registered No. B 99228

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Clayton Asher Clarke.

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. 2yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Mul.

DATE OF BIRTH: Sept. 10 1902

AGE: 4 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unk

BIRTHPLACE OF FATHER (State or country): Unk

MAIDEN NAME OF MOTHER: Unk

BIRTHPLACE OF MOTHER (State or country): Unk

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas McGlannan

(Address) 2005 Madison Ave.

Filed 3/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 15 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 5 1907 to Mar. 15 1907

that I last saw h[illegible] alive on Mar. 15 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Chas McGlannan M.D.

Address 2005 Madison Ave

Date Mar. 15 1907

Place of Burial Cathedral Cem.

Date March 16 2 P.M. 1907

Undertaker Chas. B. Pye

Address 1052 Madison Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate containing the **full name, sex, age, condition** (whether married or single) of the person

Ward ..... 99229 Registered No. B 99229

CERTIFICATE OF DEATH.

(Place of Death.) No. 417 E Twenty fourth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter E. Miller

{Residence, if in Baltimore, Give Street and Number.} 417 E Twenty fourth st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 27th 1854

AGE: 52 years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Micheal Miller

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Martha C. Miller

BIRTHPLACE OF MOTHER (State or country): Kent Co Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Miller Wife

(Address) 417 E Twenty fourth st

Filed 3/16 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1907

I HEREBY CERTIFY, That I attended deceased from March 15 1907 to March 16 1907 that I last saw h in alive on March 15 1907, and that death occurred, on the date stated above, at 1.15 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) 5 DAYS

Contributory (Primary.) Angina Pectoris

(DURATION) DAYS

(Signed) Reginald J. Tonry M.D.

Address 2206 York Road

Date March 16th 1907

Place of Burial London Park Cemetery

Date March 18th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 99230 Registered No. B 99230 ✓

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 337 S. Payson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Ulrich

{Residence, if in Baltimore, Give Street and Number.} 337 S. Payson St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Jan 2nd 1864

AGE 38 years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John Keil

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary (Don't Know)

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leo Ulrich

(Address) 337 S Payson St

Filed 3/16/07 HARRY C. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 6th 1906 to March 15th 1907 that I last saw h-- alive on March 14 1907, and that death occurred, on the date stated above, at 6.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

7 Months (DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 2017 Wilkens Ave

Date March 15th 1907

Place of Burial Western Cemetery

Date March 18th 1907

Undertaker George Bauk

Address 334 N Biddle St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 99231 — Registered No. B 99231

CERTIFICATE OF DEATH.

Place of Death.) No. 1102 S Eutaw St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Robt. L. Stephenson

{ Residence, if in Baltimore, Give Street and Number. } 1102 S. Eutaw St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug. 23rd 1906

AGE ..... years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Robert L. Stephenson

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Lizzie Zelber

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert L. Stephenson

(Address) 1102 S. Eutaw St

Filed 3/16 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15 1907

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to March 15 1907 that I last saw h[illegible] alive on March 14 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. McLemore M.D.

Address 602 S. Paca St.

Date March 15 1907

Place of Burial 1st Evangelical

Date March 16th 1907.

Undertaker H. Sander & Son

Address 710 Canton Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 99233

112

CERTIFICATE OF DEATH.

(Place of Death.) No. 2706 E Elliott St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Philip Fried

{Residence, if in Baltimore, Give Street and Number.} 2706 E Elliott St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't Know.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Pro. Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. Fried

(Address) 2706 Elliott St

Filed 3/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15th 1907

I HEREBY CERTIFY, That I attended deceased from March 7 1907 to March 15 1907

that I last saw h.... alive on March 14 1907

and that death occurred, on the date stated above, at 7 30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Cirrhosis of Liver

(DURATION) 28 DAYS

Con'ributory (Primary.) Nephritis

(DURATION) 7 DAYS

(Signed) J. A. Glantz M.D.

Address 41 Eastern Ave E.H.

Date March 15th 1907

Place of Burial Mount Carmel

Date Mar 18 1907

Undertaker H Nicolaus & Son

Address 1820 E. Fanlon Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1640 Clarkson St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number

Full Name George F. St. Samuel

{Residence, if in Baltimore, Give Street and Number.} 1640 Clarkson St.

Duration of Residence in Baltimore. Lifetime

B9923

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 7th 1882

AGE: 24 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Jacob Samuel.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine E. Rosbach

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Barber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mary E. Samuel.

Address: 1640 Clarkson St

Filed: 3/16 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 16th 1907

I HEREBY CERTIFY, That I attended deceased from Mar 4th 1907 to Mar 15th 1907

that I last saw him alive on Mar 15 1907

and that death occurred, on the date stated above, at 3.15 P. M.

CAUSE OF DEATH (Secondary or Immediate): Respiratory Failure

DURATION: 1 DAYS

Contributory (Primary) Pulmonary Tuberculosis DURATION: Indefinite DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date Mar 16th 1907

Place of Burial London Park Cem

Date March 19th 1907

Undertaker Jos & Jas John H. Feusch

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 99284 — Registered No. B 99284 13

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph N. Cattone

{ Residence, if in Baltimore, Give Street and Number. } U.S. Marine Hospital

Duration of Residence in Baltimore. 13 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 8 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Williams

(Address) U.S. Marine Hospital

Filed 3/16 1907 BARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15 1907

I HEREBY CERTIFY, That I attended deceased from April 190 to March 15 1907

that I last saw him alive on March 15 1907,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tabes Pneumonic

(DURATION) 4 DAYS

Contributory (Primary.) Hemoptysis

(DURATION) DAYS

(Signed) L. L. Williams M.D.

Address U.S. Marine Hospital

Date March 16 1907

Place of Burial M & E Cemetery

Date March 16 1907

Undertaker H E Hughes

Address 17 S Broady

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99235

City of Baltimore, (No. 1913 Oak Hill Ave St.) 9 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anne E. Meade

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: w

DATE OF BIRTH: Feb (Month) 17 (Day) 1849 (Year)

AGE: 58 years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Anne Arundel Co

FULL NAME OF FATHER: Dennis B Meade husband

BIRTHPLACE OF FATHER (State or country): Anne Arundel Co.

MAIDEN NAME OF MOTHER: Linthicum

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 1913 Oak Hill Ave

Filed 3/16 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 13 March 1907 to 14 March 1907 that I last saw h[illegible] alive on 14 March 1907, and that death occurred, on the date stated above, at 11:30 P.M. The CAUSE OF DEATH was as follows:

Chronic Brights

2yrs (DURATION) DAYS

Contributory Pulmonary oedema

(DURATION) 1 DAYS

(Signed) I. H. Gardiner M. D.

14 March 1907 (Address) 326 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: March 17 1907

UNDERTAKER: Henry Hoeckelman

ADDRESS: 1201 E Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9

99236 Registered No. B

CERTIFICATE OF DEATH.

42 ✓

(Place of Death.) No. 210 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Lewis

{Residence, if in Baltimore, Give Street and Number.} 210 Chestnut St

Duration of Residence in Baltimore. 42 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH Don't know Exact date 1

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Westminster Md

FULL NAME OF FATHER Alexander Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rachel Heath

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ellen Lewis

(Address) 210 Chestnut

Filed 3/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15, 1907

I HEREBY CERTIFY, That I attended deceased from Feb't 1906 to March 15 1907

that I last saw h[illegible] on March 7 1907,

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma Uterus 6 mos

(DURATION) ..... DAYS

Contributory (Primary) Asthenia

(DURATION) 21 DAYS

(Signed) L. T. Royle M.D.

Address 1904 E. Fayette St.

Date March 15 1907

Place of Burial Asbury

Date March 17 1907

Undertaker R. T. Eldridge

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

99237 Registered No. B 99237

CERTIFICATE OF DEATH.

(Place of Death.) No. 604 W Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Waters Mason

{Residence, if in Baltimore, Give Street and Number.} 604 W Biddle St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Andrew Mason

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Louisa Jones

OCCUPATION OF DECEASED: (illegible)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R T Elliott

(Address)

Filed 3/16 1907

HARRY C. ANDREWS,
PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Mch 13th 1907

that I last saw h m alive on Mch 12th 1907,

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Dropsy & asthma

DURATION DAYS

Con'tributory (Primary) Mitral Regurgitation

DURATION DAYS

(Signed) Jno T McCarthy M.D.

Address 656 W Franklin St

Date Mch 15th 1907

Place of Burial Mt Auburn Cemetery

Date March 17 1907

Undertaker R N Watts

Address 506 Rogers Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 99238 — Registered No. B 99238

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 512 Biddle alley — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotta Loving.

{Residence, if in Baltimore, Give Street and Number.} 512 Biddle alley.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Col.

DATE OF BIRTH: Unknown. 1

AGE: about 65 yrs. years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED.~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House duties.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Young

(Address) 512 Biddle alley

Filed 3/16 1907

HARRY O. HENDRIKS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14th 1907

I HEREBY CERTIFY, That I attended deceased from Dec-27 1906 to Feb. 26 1907 that I last saw h[illegible] alive on Feb-26 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation, Senility & Exhaustion.

(DURATION) DAYS

Contributory (Primary) Exhaustion 1

(DURATION) DAYS

(Signed) L. E. Conado M.D.

Address 609 W. Lanvale St.

Date 3/15 1907

Place of Burial Mt. Auburn

Date March 17 1907

Undertaker R. F. Elliott

Address 526 Pratt St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Garrett Hospital

Registered No. B 99239

City of Baltimore, (No. 27, N Carey St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helen Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: Dec (Month) 13 (Day) 1906 (Year)

AGE: ..... years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Miller,

BIRTHPLACE OF MOTHER (State or country): Baltimore, city,

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Miller

(Address) 1015 West Franklin

Filed 3/16 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 12 1907 to Mar 15 1907

that I last saw h[illegible] alive on Mar 15 1907,

and that death occurred, on the date stated above, at ....P.M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 10 DAYS

Contributory Exhaustion

(DURATION) — DAYS

(Signed) John Ruhrah M. D.

Mar 16 1907 (Address) 839 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: 1010 N Franklin — How long at Place of Death? 3 Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer,	March 16 1907
UNDERTAKER	ADDRESS
Geo.W.Little,	531 N.Fremont Av

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 Registered No. B 14 V

CERTIFICATE OF DEATH. 99240

(Place of Death.) No. Little Sisters of the Poor St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number

Full Name Sebastien Wendz

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Dec: 25th 1829

AGE: 77 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Sebastien Wendz

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Catherine Durr

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Sr. Dorothy Mary

Address: Preston & Valley sts.

Filed 3/16 1907 J.E.T. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 15th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h alive on March 10 1907,

and that death occurred, on the date stated above, at 9.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Senile Gangrene
R foot
5 weeks (DURATION) DAYS

Contributory (Primary)
Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date March 15 1907

Place of Burial Holy Redeemer

Date Mar 16 1907

Undertaker Robt J Turner

Address 1 Bway. Belvidere

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 99241 Registered No. B .....

CERTIFICATE OF DEATH. 99241 137

(Place of Death.) No. 940 N Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Bormuth

{Residence, if in Baltimore, Give Street and Number.} 940 N Durham St.

Duration of Residence in Baltimore. 13 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH .....

AGE 22 years, ... mon'ts, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Schneider

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Harry C. Bormuth

Address 940 N Durham St.

Filed 3/16 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14th 1907

I HEREBY CERTIFY, That I attended deceased from March 9th 1907 to March 14th 1907 that I last saw her alive on March 14th 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Sepsis

(DURATION) 5 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) H. C. Toner M.D.

Address 1507 E Eager St

Date March 15th 1907

Place of Burial Holy Redeemer Cemetery

Date March 18 1907

Undertaker Henry Hoeltd Son

Address 1301 E Eager St.

E&S

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 9924 Registered No. B 9924

CERTIFICATE OF DEATH.

47 V

(Place of Death.) No. 839 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jack M. Burroughs

{Residence, if in Baltimore, Give Street and Number.} 839 E. Chase St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 6th 1836

AGE: 71 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Charles Co Md

FULL NAME OF FATHER: Joseph Burroughs

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Burroughs

Address 1046 Valley St

Filed 3/16 1907

HARRY C. ANDREWS, Registrar

C C S

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 16th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Mar 16th 1907 that I last saw h[illegible] alive on Mar 15th 1907, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatoid Arthritis

(10 years duration)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John Buck M.D.

Address 2844 St Paul St

Date Mar. 16th 1907

Place of Burial Cathedral

Date March 18th 1907

Undertaker H. C. Windefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 99243 Registered No. B 99243

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2011 Christian St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maurice Biller

{Residence, if in Baltimore, Give Street and Number.} 2011 Christian St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 16th 1907

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Mike Biller

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Biller

(Address) 2023 Christian

Filed 3/16th 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

E A S

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1907 to March 16th 1907 that I last saw h[im] alive on March 15th 1907, and that death occurred, on the date stated above, at 12 30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Dunn M.D.

Address 2017 Wilkens Ave

Date March 16th 1907

Place of Burial New Cemetery. Waltyton Road

Date March 17th 1907

Undertaker C. F. McCormick

Address 1226 W. Lombard st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 99244 ✓

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 2326 Milliment st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Norra May Knoff

{ Residence, if in Baltimore, Give Street and Number. } 2326 Milliment st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 8 1905

AGE 1 years, 3 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER James Knoff

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Mary A. Skipper

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Knoff

(Address) 2326 Milliment st

Filed 3/16th 1907 HARRY C. ANDREWS Registrar

PERMIT CLERK

C.O.S.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1907

I HEREBY CERTIFY, That I attended deceased from March 11 1907 to March 16 1907 that I last saw h er alive on March 15 1907, and that death occurred, on the date stated above, at 8.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) DAYS

(Signed) Samuel J. King M.D.

Address 718 N Patterson Park Ave

Date March 16 1907

Place of Burial Loudon Park Cemetery

Date March 17 1907

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 99245

CERTIFICATE OF DEATH.

(Place of Death.) No. 746 W. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Gibbons

{ Residence, if in Baltimore, Give Street and Number. } ..... above

Duration of Residence in Baltimore. Life B 99245

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Gibbons

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Gibbs

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 3/16 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16, 1907

I HEREBY CERTIFY, That I attended deceased from Ad 190 above to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 1 ..... M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Disease X

Dropsy

..... (DURATION) ..... DAYS

Contributory (Primary.)

Suite of Nephritis ..... (DURATION) ..... DAYS

(Signed) J. D. Goldenstein ..... M.D.

Address 211 W. Lanvale above

Date 3/16 1907

Place of Burial St Peters

Date March 18 1907

Undertaker M Cadogan

Address 696 Mulberry St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

166 w

(Place of Death.) No. B. & P. Tunnel near Tiernon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name H. W. Rice B99246

{Residence, if in Baltimore, Give Street and Number.} 421. 4½ St. S.W. Washington

Duration of Residence in Baltimore. Train Operative residence Washington D C

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: [illegible] 1

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Trainman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. M. Mills, (Conductor)

(Address) Washington D. C

Filed Mch 17th 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Cor. & E

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Shock

Killed in Casualty (DURATION) ..... DAYS

Contributory (Primary.) R. R. Accident

..... (DURATION) ..... DAYS

(Signed) Lilian Baldwin M.D.

Address 710 Loz. Ave (Tenon)

Date March 16th 1907

Place of Burial Washington D.C.

Date March 18th 1907

Undertaker C. A. F. Philbin

Address 1711 Eckington

WM. J. C. DULANY CO., BALTIMORE

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Ward 4 99247 Registered No. B 99247

CERTIFICATE OF DEATH.

(Place of Death.) No. 1613 Cole St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susana Kirth

{Residence, if in Baltimore, Give Street and Number.} 1613 Cole St

Duration of Residence in Baltimore. 2 yr—

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August-12th 1882

AGE 24 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Hungary

FULL NAME OF FATHER John Lang

BIRTHPLACE OF FATHER (State or country) Hungary

MAIDEN NAME OF MOTHER Elizabeth Lombard

BIRTHPLACE OF MOTHER (State or country) Hungary

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Kirth

(Address) 1613 Cole St—

Filed 3/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March-16 1907

I HEREBY CERTIFY, That I attended deceased from As 1907 to 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

125 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Truck Jones M.D.

Address Coroners Sup

Date March-16th 1907

Place of Burial Mt Peace Cem

Date March 19 1907

Undertaker Jos B Cook

Address 1003 N. Balto St—

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 99248

99248

CERTIFICATE OF DEATH.

99248

Place of Death.) No. 1132 Pennsylvania Ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Geo. W. West,

{Residence, if in Baltimore, Give Street and Number.} 1132 Pennsylvania ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: .....1.....

AGE: .....years, ...months, 4 days

SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Geo. W. West.

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Carrie H. Hack

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. West

(Address) 1132 Pensylvania Ave

Filed 3/17 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1907

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to March 16 1907 that I last saw h[illegible] alive on March 16 1907, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 3 DAYS

Contributory (Primary) Convulsions

(DURATION) 3 DAYS

(Signed) [illegible] M.D.

Address 712 S. Mark[illegible]

Date March 16th 1907

Place of Burial Mt. Hope Cem.

Date March 17th 1907

Undertaker G. L. Brown & Son

Address 108 W. Montgomery

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 99249 — Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ino E. Thompson

{ Residence, if in Baltimore, Give Street and Number. } 2627 Hampden Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 22 1877

AGE: 29 years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Grafton Thompson

BIRTHPLACE OF FATHER (State or country): Balto Co Md.

MAIDEN NAME OF MOTHER: Mary Sprigg

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: R R Breakman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I. Thompson

(Address) 217 E Fort ave.

Filed 3/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5.20 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Accident fell from Trolley Car

Contributory (Primary) Fracture Base of Skull (DURATION) Concussion of Brain

17 hours. (DURATION) ..... DAYS

(Signed) Shirley Swiftes Jones M.D.

Address 1818 N. Charles Ave.

Date March 17 1907

Place of Burial Louden Park.

Date March 17. 1907

Undertaker E. J Fanning

Address 1460 Baltimore

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99250

City of Baltimore, [No. 1105 McCulloh St.; Ward
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma L. Hutchison

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 23 (Day) 1854 (Year)

AGE: 52 years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John S. Hutchison

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sallie A Purnell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs. Graham

(Address) 4766 Park Heights Ave

Filed 3/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 16th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 6 1907 to March 16th 1907 that I last saw h[illegible] alive on March 16 1907, and that death occurred, on the date stated above, at 1120 P. M. The CAUSE OF DEATH was as follows:

Acute Indigestion ~~Influenza~~

Contributory ~~Influenza~~ Gastro-Intestinal Disorder (DURATION) DAYS

Form. (DURATION) DAYS

(Signed) W K Fonnale M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 4766 Park Heights Ave

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Mch 19 1907

UNDERTAKER: H. Turner & Son — ADDRESS: Cathedral & Lang

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 99251 Registered No. B 99251

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nathan Bergman.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Abraham Bergman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Bessie Seigle

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Cigar maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 3/17 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 15 1907

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Mch 15 1907 that I last saw h[illegible] alive on Mch 15 1907 and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

(Signed) A A Morris for Hall M.D.

Address Bayview Hospital

Date Mch 16 1907

Place of Burial Philips Rd Roman Cath

Date Mar 17, 1907

Undertaker Mat Loiman

Address 1138 Low st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 6 99252 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1024 Whatcoat St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Pearl Baskas

{Residence, if in Baltimore, Give Street and Number.} 1024 Whatcoat st

Duration of Residence in Baltimore. 11 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: Feb 15th 1873

AGE: 14 years, — months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va "

FULL NAME OF FATHER: Jas Baskas

BIRTHPLACE OF FATHER (State or country): Va "

MAIDEN NAME OF MOTHER: Lucy Ball

BIRTHPLACE OF MOTHER (State or country): Va "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Baskas

Address 1024 Whatcoat

Filed 5/17 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 14th 1907

I HEREBY CERTIFY, That I attended deceased from Mar 14th 1907 to Mar 14 1907 that I last saw h[illegible] alive on Mar 14 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia (DURATION) One DAYS

Contributory (Primary.) [illegible] (DURATION) [illegible] DAYS

(Signed) F. C. Leith M.D.

Address 1313 W. North Ave

Date Mar 15th 1907

Place of Burial Loving Wf Lancaster Co Va

Date May 17 1907

Undertaker R. L. Parham & Co

Address 1213 N Paca St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... 99253 Registered No. B 99253 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 1001 Enson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H Giles

{Residence, if in Baltimore, Give Street and Number.} 1001 Enson St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH .....

AGE 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Arron Giles

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Supt of Cemetery

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna Giles

(Address) 1001 Enson St

Filed 3/17/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14th 1907

I HEREBY CERTIFY, That I attended deceased from Jany 3d 1907 to March 14 1907 that I last saw h alive on March 14 1907, and that death occurred, on the date stated above, at 11.20 A.M. CAUSE OF DEATH (Secondary or Immediate) Cerebral Hemorrhage Hemiplegia Hemorragic attack 24 hours (DURATION) DAYS

Contributory (Primary.) Organic Heart Disease Arterio Sclerosis (DURATION) DAYS

(Signed) W. Winsey M.D.

Address 1220 E Fayette

Date March 16th 1907

Place of Burial Laurel

Date March 17 — 1907

Undertaker R. A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99254

City of Baltimore, (No. 305 N. Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm B. Blotkamp

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day)	1876 (Year)
AGE	31 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Wilhem Blotkamp
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Pamela Burgess
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mother

(Address) 305 N. Fulton Ave

Filed 3/17 1907 HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 14 1907 to Mar 16 1907

that I last saw him alive on Mar 14 1907,

and that death occurred, on the date stated above, at 9:30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia & Toxaemia

(DURATION) 2 DAYS

Contributory Pneumonia Lobar

(DURATION) 5 DAYS

(Signed) Howard Kelly M. D.

3/16 1907 (Address) 1027 W. Mt. St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 18 1907
UNDERTAKER	ADDRESS
John J. Cowan	901 Hollins

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 604 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bronislawa Matarakus

{Residence, if in Baltimore, Give Street and Number.} 604 S Bond St.

Duration of Residence in Baltimore. Life C 99255

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 10 " 1906

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Adam Matarakus.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Jozefa Petrowska

BIRTHPLACE OF MOTHER (State or country): Russia Poland.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jozefa Matarakus.

(Address) 604 S. Bond St

Filed 3/17 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 = 1907

I HEREBY CERTIFY, That I attended deceased from ~~March~~ 190 to ~~March~~ 190

that I last saw h~~e~~ alive on ~~March~~ 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Imal Intition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Speller Coroner M.D.

Address 320 E Lanvale St.

Date March 16 " 1907

Place of Burial Holy Rosary

Date Sunday March 17 " 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 99256 Registered No. B 99256

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CERTIFICATE OF DEATH.

Place of Death.) No. 1138 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin M. McCauley

{ Residence, if in Baltimore, Give Street and Number. } 1138 W Lombard St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Feb. 16 1907

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Edw E. McCauley

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Benny

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs. E. E. McCauley

(Address) 1138 W Lombard St

Filed 3/17 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16. 1907

I HEREBY CERTIFY, That I attended deceased from March 11 1907 to March 16 1907 that I last saw h[illegible] alive on March 16 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) ½ hour.

Contributory (Primary.) Marasmus.

(DURATION) 14 DAYS

(Signed) M. McCauley M.D.

Address 1315 Hollins St.

Date March 17 1907.

Place of Burial London Park

Date Mar 18th 1907

Undertaker John J Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 10 Registered No. B 99257 24

CERTIFICATE OF DEATH.

(Place of Death.) No. 914 W Pratt (C) St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Martin Kavanaugh

{Residence, if in Baltimore, Give Street and Number.} W Pratt

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Martin Cavanaugh

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Cavanaugh

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: John D Fields

Address: 1200 W. Fayette

Filed 3/17 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 15 1907

I HEREBY CERTIFY, That I attended deceased from January 1 1907 to March 15 1907 that I last saw h[illegible] alive on March 15 1907, and that death occurred, on the date stated above, at [illegible] P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

2 months (DURATION) 15 DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) Joseph E. Muse M.D.

Address 455 Columbia Ave

Date March 15 1907

Place of Burial New Cathedral

Date Mar 18th 1907

Undertaker John D Fields

Address 1200 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — Registered No. B 99258

CERTIFICATE OF DEATH.

(Place of Death.) No. 316 Jefferson (Homestead) St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name August Ehmling

{Residence, if in Baltimore, Give Street and Number.} 316 Jefferson St (Homestead) Laundry

Duration of Residence in Baltimore. 58 years. B99258

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: White.

DATE OF BIRTH: 1

AGE: 83 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Ehmling

(Address) 316 Jefferson St

Filed 3/17 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 15 th 1907

I HEREBY CERTIFY, That I attended deceased from March 10 1907 to March 14 1907 that I last saw him alive on March 14 1907, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Heart disease (Valvular)

(DURATION) 14 DAYS

Contributory (Primary.) Bronchitis (Chronic) 3 months. (DURATION) — DAYS

(Signed) Henry Whilte M.D.

Address 906 Gorsuch Ave

Date March 15 1907

Place of Burial Balto Cem

Date March 18 1907

Undertaker Lane Cook

Address 502 E Hamilton Av

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — Registered No. B 99259

CERTIFICATE OF DEATH.

(Place of Death.) No. 1138 Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Johnston Schmelz

{Residence, if in Baltimore, Give Street and Number.} 1138 Baltimore

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	White.
DATE OF BIRTH	March 16 1907
AGE	for Hours. — years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	John H. Schmelz.
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Marie Kenney.
BIRTHPLACE OF MOTHER (State or country)	Balto Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Schmelz

(Address) 1138 Baltimore

Filed 3/17 1907 — MARY O. ANDREWS, PARKET CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1907

I HEREBY CERTIFY, That I attended deceased from March 16 1907 to March 16 1907 that I last saw h[im] alive on March 16 1907 and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

10 hrs (DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) W. Hammond Lee M.D.

Address 825 Eutaw St

Date March 16 1907

Place of Burial Loudon Park

Date March 19th 1907

Undertaker C. Harle

Address 115 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

99260

Registered No. B 99260

CERTIFICATE OF DEATH.

(Place of Death.) No. 1816 N Charles St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Nelson Wellington Gray

{Residence, if in Baltimore, Give Street and Number.} 1816 N Charles,

Duration of Residence in Baltimore. 3 yrs. Retired

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 4 — 1853

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER John Lecian

BIRTHPLACE OF FATHER (State or country) Island

MAIDEN NAME OF MOTHER Catherine Cockron.

BIRTHPLACE OF MOTHER (State or country) Island

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith

(Address) 1816 N. Charles st

Filed 3/17 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 14" 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 9" 1907 to Mar. 14 1907 that I last saw h[illegible] alive on Mar 13 1907 and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Cystitis

..... (DURATION) ..... DAYS

Con'tributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) D. Theo Bancks, M.D.

Address 1228 N Charles

Date Mar. 14" 1907

Place of Burial Leader Hill

Date March 17 1907

Undertaker J E Evans

Address 1428 N Charles st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

99261

Registered No. B

City of Baltimore, (No. 415, E. 24th, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jas. Wm. Rodell Gunther.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug. (Month) 15, (Day) 1904, (Year)

AGE: 2 years, 7 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Harry E. Gunther.

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Clara V. Gorman.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Owen Gorman

(Address) 415 E. 24th St

Filed 3/17 1907

HARRY C. ANDREWS, Registrar

PERMIT ISSUED

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 15 (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 11, 1907 to Mch 15, 1907 that I last saw h[im] alive on Mch 15, 1907, and that death occurred, on the date stated above, at 12.15 a. m. The CAUSE OF DEATH was as follows:

Pneumonia.

(DURATION) 4 DAYS

Contributory Heart failure.

(DURATION) DAYS

(Signed) Hugh Forsythe, M. D.

Mch 16, 1907 (Address) 412 E. Northn Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: March 16 1907

UNDERTAKER: C. A. Wiedefeld & Son

ADDRESS: 211 Cathedral

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99262

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. House of the Good Shepherd St. Ward

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Duffy.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1 (Month) 1 (Day) 1842 (Year)

AGE ..... years, 45 months, 3 ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James Duffy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Sewing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) The Sisters of the Good Shepherd

(Address) ~~HARRY G. ANDREWS~~

Filed 3/17 1907 PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 16 March 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to March 16 1907 that I last saw her alive on March 1907, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Valvular disease of the Heart

One year (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) E. J. Nicholas M. D.

..... 190 ..... (Address .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL St Peters

DATE OF BURIAL 3-17- 1907

UNDERTAKER John J Fahey

ADDRESS 1232 Williams

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

406

Place of Death. No. Johns Hopkins Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret E. Smith.

{ Residence, if in Baltimore, Give Street and Number. } Bark Hill Carroll Co. Maryland.

Duration of Residence in Baltimore.

B9926 3

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 1

AGE: 65 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: David Row

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md

MAIDEN NAME OF MOTHER: Rachel Brooks.

BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Peter Smith.

Address: Bark Hill Carroll Co

Filed 3/7 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 16th 1907

I HEREBY CERTIFY, That I attended deceased from March 11 1907 to March 17 1907

that I last saw her alive on March 17 1907,

and that death occurred, on the date stated above, at 11 20 M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Gall Bladder

Malignant Jaundice

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harvey B. Stone M.D.

Address Johns Hopkins Hospital

Date March 17 1907

Place of Burial Mount Union Ma

Date MAR 17 1907 190

Undertaker

Address 921 N. BROADWAY.

WM. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 99263 Registered No. B 20

CERTIFICATE OF DEATH.

Place of Death.) No. 2926 Cedar Ave Hampden St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Randolph Young

{Residence, if in Baltimore, Give Street and Number.} 2926 Cedar Ave Hampden

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 19 1832

AGE 73 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Redford Young

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Elizabeth McCoy

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Jeweler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Margaret J. Martin

Address 2926 Cedar Ave Hampden

Filed 3/17th 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.
C.C.S.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 16 1907

I HEREBY CERTIFY, That I attended deceased from Some time 1902 to Mch 16 1907

that I last saw him alive on Mch 16 1907

and that death occurred, on the date stated above, at 10 A M. CAUSE OF DEATH (Secondary or Immediate)

Sepsis from bed sores
+ Collapse

(DURATION) 14 DAYS

Contributory (Primary) Paralysis +
Cerebral softening (DURATION) 5-Y DAYS

(Signed) Wm H Feldman M.D.

Address 803 Pk Ave

Date Mch 16th 1907

Place of Burial Middletown Md

Date March 18 1907

Undertaker Wm E. Blenkenth & Son

Address 919 Thirdlure Hampden

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — Registered No. B 99265

CERTIFICATE OF DEATH.

(Place of Death.) No. 1544 N Wolfe St — St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Dorothea Dietz

{Residence, if in Baltimore, Give Street and Number.} 1544 N Wolfe

Duration of Residence in Baltimore. 10 yrs

B 99265

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct 17 1883

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Dietz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Christina Flock

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mary Zmick

Address: 154 N Wolfe

Filed 3/17 1907 — HARRY C. ANDREWS, PERMIT CLERK — Registrar

C A S.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch 16 1907

I HEREBY CERTIFY, That I attended deceased from December 1906 to Mch 16 1907

that I last saw her alive on Mch 16 1907

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular heart disease

(DURATION) DAYS

Con'tributory (Primary) none

(DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 5 N Preston

Date Mch 16th 1907

Place of Burial Dacia Cemetery

Date March 18 1907

Undertaker Platt & Thomas

Address Druid Hill Ave.

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 99256 6 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 Richmond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Joseph

{ Residence, if in Baltimore, Give Street and Number. } 231 Richmond

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 3 1883

AGE 23 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER J. E. Joseph

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER M. Quee

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Joseph

(Address) 231 Richmond

Filed 3/17 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

C A S

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 15th 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 2nd 1907 (Admit) to Mar 15th 1907 that I last saw her alive on Mar. 8th 1907, and that death occurred, on the date stated above, at 6 no seconds mitt

11. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

[I saw the above case twice - once about 2 wks. ago & again a week ago]

(DURATION) DAYS

Con'tributory (Primary) Dams —

(DURATION) DAYS

(Signed) W. F. Loarwood M.D.

Address 8 E. Eutaw St

Date Mar. 16th 1907

Place of Burial Holy Cross

Date Mar 18 1907

Undertaker Robt J. Thomas

Address 1 Bway. Valion

J. C. DUFFY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Registered No. B 99267

99267

99267

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alonzo (Buck

{ Residence, if in Baltimore, Give Street and Number. } Woodbrook, Md

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR White

DATE OF BIRTH Mar 10 1841

AGE 66 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER H P Buck

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Richardson

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Executor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Helen R Buck

(Address) 107 S Carey St

Filed 3/17 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.
C.A.S.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 16 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to Mar 16 1907

that I last saw him alive on Mar 16 1907,

and that death occurred, on the date stated above, at 3.45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Broncho

(DURATION) 4 DAYS

Contributory (Primary.) Paraplegia Lues.

(DURATION) 2 DAYS

(Signed) Geo H. Offutt M.D.

Address St Joseph's Hospital

Date Mar. 16, 1907.

Place of Burial Greenmount Cem

Date Mar 18 1907

Undertaker Robt J Turnbull

Address 1807 Druid Hill Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 99268

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lonnie Cohen

{Residence, if in Baltimore, Give Street and Number.} 1305 Orleans St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Bonny Cohen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie (don't know)

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday.

(Address) Supt.

Filed Mch 18th 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

C. S. C. R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1907

I HEREBY CERTIFY, That I attended deceased from March 7 1907 to March 16 1907 that I last saw h.. alive on March 16 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) R R Vansant M.D.

Address Bay View Hospital

Date March 16 1907

Place of Burial Philips Rd Roan Dale

Date Mch 18 1907

Undertaker Max Levinson

Address 1620 Mc Elderry st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 42 Poultney St.. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrea Sansone

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Lifetime B 99269

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Dec 20th 1906

AGE: ..... years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Giuseppe Sansone

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Mary Serio

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Mch 18 1907

HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1907

I HEREBY CERTIFY, That I attended deceased from 16 March 1907 to 17 March 1907 that I last saw him alive on 17 March 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) 1 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) Joseph Baranco M.D.

Address 240 E. Fayette

Date 190

Place of Burial St. Vincent Cemetery

Date March 18th 1907

Undertaker Stettiner

Address S W corner Broadway and Lloyd Street

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John T. Rogers.

{ Residence, if in Baltimore, Give Street and Number. } Nassawadox Va.

Duration of Residence in Baltimore. 9 days B9270

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: August 29 1851

AGE: 55 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Nassawadox Va.

FULL NAME OF FATHER: James R Rogers.

BIRTHPLACE OF FATHER (State or country): Nassawadox

MAIDEN NAME OF MOTHER: Maria Scott.

BIRTHPLACE OF MOTHER (State or country): Franktown. Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James R Rogers

(Address) Nassawadox Va

Filed Mch 8 1907

[illegible] CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 17th 1907.

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to March 17 1907

that I last saw him alive on March 17 1907.

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia?

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Gall Stones

..... (DURATION) ..... DAYS

(Signed) S. Shouse M.D.

Address .....

Date 190

Place of Burial: Nassawadox Northampton Co Va

Date: March 18 1907

Undertaker: Stewart & Mowen Co.

Address: 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

99271

Registered No. B

City of Baltimore, (No. 99, Crowther's Alley St. (Hampden Road)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Vernon Proctor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 12 (Day) 1905 (Year)

AGE: 1 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City.

FULL NAME OF FATHER: William T. Proctor.

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Mary E Kerr.

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Proctor

(Address) 99 Crowthers Alley

Filed 3/18 1907

HARRY C. ANDREWS,
PERMIT CLERK,
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 14 07 only 190

that I last saw him alive on March 17 1907,

and that death occurred, on the date stated above, at 5:30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia following Measles

(DURATION) 2 DAYS

Contributory Measles.

(DURATION) 8 DAYS

(Signed) A J Kelley M. D.

March 17 1907 (Address) 2849 Roland

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Phoenix Balto Co Md

DATE OF BURIAL: Mar 18 1907

UNDERTAKER: Jr. E. Schoenth & Son

ADDRESS: 919 Third Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 730 N Bay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ada R Smith

{Residence, if in Baltimore, Give Street and Number.} 818 Augusta st

Duration of Residence in Baltimore. 35 years B 99272

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 31 1857

AGE: 49 years, 6 months, 16 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Frederick Md

FULL NAME OF FATHER: John McCafferty

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Smith

(Address) 818 Augusta st

Filed 3/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3/16 1907

I HEREBY CERTIFY, That I attended deceased from Mch. 10 1907 to Mch 16 1907 that I last saw h[illegible] alive on Mch 16 1907, and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac paralysis from dilation, following mitral insufficiency

(DURATION) DAYS

Contributory (Primary.) Mitral regurgitation 10 years

(DURATION) DAYS.

(Signed) M. L. Todd M.D.

Address 1202 E. Monument st.

Date Mch. 16 1907

Place of Burial Baltimore Cemetery

Date March 19th 1907 190

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — Registered No. B 9927B

CERTIFICATE OF DEATH.

167

Place of Death.) No. 84 Gaselle Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Perina

{Residence, if in Baltimore, Give Street and Number.} 1626 N. Warlington

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH June 13 1869

AGE 37 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John Blaha

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Francis Bellich

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Adolfen Perina

(Address 1626 N. Warlington

Filed 3/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate

Burns (see) of body. (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Geo. H. Carnes M.D.

Address Coroner

Date Mar. 16 1907

Place of Burial Oak Hill Cem.

Date March 19 1907

Undertaker Jas. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99274

City of Baltimore, (No. [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]) 206 S. Durham St.: 2 Ward

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Martin H. Weber

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: ... (Month) ... (Day) 1 Year

AGE: 18 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Peter Weber

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Anna Weber

Address: 206 S Durham

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 16th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 11th 1907 to Mch 16th 1907 that I last saw him alive on Mch 16th 1907, and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH was as follows:

Tubercular Meningitis

DURATION) 6 DAYS

Contributory ... DURATION ... DAYS

(Signed) Wm. H. Johnson M. D.

Mch 16th 1907 (Address) 2017 E Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Mar 19 1907
UNDERTAKER	ADDRESS
Wendell Trefpelden	3905 Bond St

Ward ..... 95215 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Gray

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life B99275

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: Dec. 10 1906

AGE: — years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs M Kleaman

Address 2005 Madison Ave

Filed 3/18/07 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1907 to Mar. 16 1907 that I last saw h[illegible] alive on Mar. 15 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Mrs M Kleaman M.D.

Address 2005 Madison Ave

Date March 16 1907

Place of Burial Cathedral Cemetery.

Date March 18th 1907

Undertaker Edw Pue

Address 626 Mulberry st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

Place of Death.) No. 1516 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary C. Ritzel

{Residence, if in Baltimore, Give Street and Number.} 1516 Jefferson St.

Duration of Residence in Baltimore. Life B99276

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Oct 11 1

AGE 33 years, 4 months, 3 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER William League

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary A. Thompson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant William League

Address 1516 Jefferson st.

Filed 3/18/07 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAR 16 1907 190

I HEREBY CERTIFY, That I attended deceased from March 11th 1907 to March 16th 1907 that I last saw h.. alive on .. 16 1907, and that death occurred, on the date stated above, at 12.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Pneumonia

(DURATION) 6 DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) F. A. Sauer M.D.

Address 1400 Jefferson

Date MAR 16 1907 190

Place of Burial Oak Lawn Cemetery

Date MAR 19 1907 190

Undertaker Wm. J. Ry

Address 861 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 545 E. 23d St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alexander Hill

{Residence, if in Baltimore, Give Street and Number.} 1500 Graham st

Duration of Residence in Baltimore. 45 Years B99277

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Alex Hill

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Martha L. McCaymell

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant A. C. Hill

Address 221 N. Broadway

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15th 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 11th 1907 to Mar 15 1907

that I last saw h in alive on Mar 15 1907,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis and Nephritis about 6 months (DURATION) DAYS

Contributory (Primary) Asthenia (DURATION) DAYS

(Signed) Reginald F. Tonry M.D.

Address 2206 York Road

Date March 15th 1907

Place of Burial Loudon Park, Cem.

Date MAR 18 1907

Undertaker Wm. J. C. Dulany

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Fa. 99278 Registered No. B 38248

CERTIFICATE OF DEATH.

(Place of Death.) No. 2115 North Fulton ave -St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Zipporah Morris

{ Residence, if in Baltimore, Give Street and Number. } No 2115 N. Fulton ave

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 29th 1870

AGE: 36 years, 8 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Richard Geoghegan

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md.

MAIDEN NAME OF MOTHER: Laura V. Salgee

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John R Geoghegan Jr MD

Address 1104 W. Cross St.

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 16th 1907

I HEREBY CERTIFY, That I attended deceased from December 1905 to March 16th 1907 that I last saw h-- alive on March 16th 1907, and that death occurred, on the date stated above, at 5.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John Richard Geoghegan Jr. M.D.

Address 1104 West Cross Street

Date March 17th 1907

Place of Burial Loudon Park

Date March 18 1907

Undertaker H. Tallmey & Sons

Address Caroline & Aisquith

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99279

City of Baltimore, (No. 530 N. Stricker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Julia A. Burford.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 22 (Day) 1833 (Year)

AGE: 73 years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): New York.

FULL NAME OF FATHER: John Goff.

BIRTHPLACE OF FATHER (State or country): New York.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): New York.

OCCUPATION OF DECEASED: Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr William Burford

(Address) 530 N. Stricker St

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 17 (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 18 1907 to Mch 17 1907

that I last saw h[er] alive on Mch 17 1907,

and that death occurred, on the date stated above, at 7.45 P. M. The CAUSE OF DEATH was as follows:

Cardiac syncope - probably caused by internal hemorrhage - which was the result of a "carcinoma" of stomach & bowels (DURATION) DAYS

Contributory Intestinal indigestion (DURATION) Several years DAYS

(Signed) M B Hood M. D.

Mch 17 1907 (Address) 608 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Penna Dor

DATE OF BURIAL: Mch 19 1907

UNDERTAKER: J. F. Scarff & Son

ADDRESS: Camden Sta

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1634 N. Gilmor St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie May Sheets

{Residence, if in Baltimore, Give Street and Number.} 1634 N Gilmor St

Duration of Residence in Baltimore. 9 year. B99270

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 23. 1884 ~~1907~~

AGE 22 years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Sparta Wisconsin

FULL NAME OF FATHER John T. Sheets

BIRTHPLACE OF FATHER (State or country) Carroll Co. Md.

MAIDEN NAME OF MOTHER Annie E. Hoff.

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. C. Shannon

(Address) 1442 Preastman St

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 - 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to Mch 16 1907 that I last saw h er alive on Mch 15 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Catarrhal)

(DURATION) 10 DAYS

Contributory (Primary) General Anemia

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Preastman St

Date Baltimore Mch 16 1907

Place of Burial London Park Cemetery

Date March 19 1907

Undertaker W. M. Poulton

Address 230 N. Green St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 99281

CERTIFICATE OF DEATH.

(Place of Death.) No. 430 Putnam Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Bishop

{ Residence, if in Baltimore, Give Street and Number. } 430 Putnam place

Duration of Residence in Baltimore. Life

B 99281

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: Colored.

DATE OF BIRTH: —— 1

AGE: 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm H. Bishop.

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wm H. Bishop

(Address) 430 Putnam Place

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15-4 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to March 15 1907

that I last saw h[illegible] alive on March 15 1907,

and that death occurred, on the date stated above, at 1.0. P.M. CAUSE OF DEATH (Secondary or Immediate)

Interstitial

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 138 Eutaw St

Date March 16 1907

Place of Burial Oakland

Date March 19 1907

Undertaker Wm Cook

Address 502 E. Hath Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9028?

City of Baltimore, (No. 300 N Pine St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Jane E Knowles

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 16 1907 (Month) (Day) (Year)

AGE 78 years, 4 months, 16 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Alexander Ryder

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Eliza Lindsay

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) granddaughter

(Address) 300 N Pine

Filed 3/18 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 16 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 12 1907 to Mar 15 1907

that I last saw h-e alive on Mar 15 1907

and that death occurred, on the date stated above, at 3 — A. M. The CAUSE OF DEATH was as follows:

Chronic Bright's

(DURATION) DAYS

Contributory Acute Anaemia

(DURATION) 1 DAYS

(Signed) R B Thompson M. D.

Mar 16 1907 (Address) 426 N Greene

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL London Park

DATE OF BURIAL June 19 1907

UNDERTAKER Wm Cook

ADDRESS 5026 North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 99283

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1747 Clarkson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Pease.

{Residence, if in Baltimore, Give Street and Number.} 1747 Clarkson St.

Duration of Residence in Baltimore.. 60 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 29 1824

AGE 82 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Mass.

FULL NAME OF FATHER Wm. Pease

BIRTHPLACE OF FATHER (State or country) Mass.

MAIDEN NAME OF MOTHER Sarah Rass

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Leonard

(Address) 1747 Clarkson

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 16 1907

I HEREBY CERTIFY, That I attended deceased from Mar 1907 to Mar 16 1907

that I last saw h living alive on Mar 16 1907,

and that death occurred, on the date stated above, at 6-45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Senility (DURATION) Indefinite DAYS

(Signed) R. E. Campbell M. D.

Address 1644 Hanover St.

Date Mar 16 1907

Place of Burial Bolton Hill

Date June 19 1907

Undertaker Wm Cook

Address 502 E North

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 99284 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay St Near Bonds St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Hemina Baer

{Residence, if in Baltimore, Give Street and Number.} 2426 E Biddle

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Albert A. Baer

Address 2426 E Biddle St

Filed 3/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 8 15 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

..... DURATION ..... DAYS

Contributory (Primary.) .....

..... DURATION ..... DAYS

(Signed) Fred'k Carlson M.D.

Address Coroner

Date Mar 16-07 190

Place of Burial York Pa

Date March 19 190 7

Undertaker Woolcott

Address 502 E Madison St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 99285 — Registered No. B 99285

CERTIFICATE OF DEATH.

17 V

Place of Death.) No. 1115 Patonas St — St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Sarah L Stevens

{Residence, if in Baltimore, Give Street and Number.} 1115 Patonas St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W Lib

DATE OF BIRTH: March 17 1907

AGE: 60 years, ... mon'ts, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Taylor

BIRTHPLACE OF FATHER (State or country): Eastern Shore

MAIDEN NAME OF MOTHER: Elizabeth Longford

BIRTHPLACE OF MOTHER (State or country): Eastern Shore

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Saml. T. Stevens

Address 1115 Patonas St

Filed 3/18 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1907

I HEREBY CERTIFY, That I attended deceased from Feb 21 1907 to March 17 1907

that I last saw her alive on March 17 1907,

and that death occurred, on the date stated above, at 11:15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Con tributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) A. L. Long M.D.

Address 2429 Fait Ave

Date March 18 1907

Place of Burial Mt Carmel

Date Mch 20 1907

Undertaker Wm Cook

Address 902 E. Balto. St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

Place of Death.) No. 33 Gartland St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Raymond Williams

{ Residence, if in Baltimore, Give Street and Number. } 33 Gartland St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: Dec 26 — 1906

AGE: — years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balt Md.

FULL NAME OF FATHER: Chas. Williams

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Estelle Jackson

BIRTHPLACE OF MOTHER (State or country): Fla.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Per Felix B Pyc

Address: 102 Emulberry st

Filed 9/18/07 190..

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 17 1907

I HEREBY CERTIFY, That I attended deceased from Common Cancer 190.. to 190..

that I last saw h.. alive on 190..

and that death occurred, on the date stated above, at 9.30 A.M. CAUSE OF DEATH (Secondary or Immediate) Congenital debility

(DURATION) 60 DAYS

Contributory (Primary.) Cancer

(DURATION) DAYS

(Signed) Emil Stapleton Coroner M.D.

Address 1216 E. Caroline st

Date Mar. 16, 190.

Place of Burial Laurel Cemetery

Date March 18 190..

Undertaker Felix B. Pyc

Address 112 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 99287 Registered No. B 66

CERTIFICATE OF DEATH.

(Place of Death.) No. #326 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name H. Otto Naerger

{Residence, if in Baltimore, Give Street and Number.} #326 S. Broadway

Duration of Residence in Baltimore. 30 Years B99287

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. 14th, 1852

AGE: 64 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Elizabeth Naerger

Address: 326 S. Broadway

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 16th 1907

I HEREBY CERTIFY, That I attended deceased from March 8th 1907 to Mch. 16th 1907

that I last saw him alive on " 1907,

and that death occurred, on the date stated above, at 7 a. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

DURATION 8 DAYS

Contributory (Primary) Intracranial Hemorrhage DURATION DAYS

(Signed) J. L. Wenner M.D.

Address 1133 Bank St

Date March 18th 1907

Place of Burial Mt. Carmel Cemetery

Date 3/18/07 1907

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

CERTIFICATE OF DEATH.

194

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Place of Death.) No. 3108 Clifton ave. Woodbrook St.

Full Name Miss Bell Williams

{Residence, if in Baltimore, Give Street and Number.} 3108 Clifton ave.

Duration of Residence in Baltimore. 15 years

B9928

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Aug. 1— 1837
AGE	69 years, 7 months, 16— days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Pa. —
FULL NAME OF FATHER	Thos Williams
BIRTHPLACE OF FATHER (State or country)	Pa.
MAIDEN NAME OF MOTHER	Ann Hunter
BIRTHPLACE OF MOTHER (State or country)	Pa —
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. S. W. Williams

Address 3108 Clifton St.

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17th 1907

I HEREBY CERTIFY, That I attended deceased from March 16th 1907 to March 17th 1907 that I last saw h[illegible] alive on March 16th 1907, and that death occurred, on the date stated above, at 3.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease.

Was in a state of Collapse when I first saw her.

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 30.5 Walbrook ave

Date March 17th 1907

Place of Burial Frederick Md.

Date Mch. 19— 1907

Undertaker E. W. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained* whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the name, (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 1380 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith Emma Dorsey

{ Residence, if in Baltimore, Give Street and Number. } 1380 N. Calhoun St

Duration of Residence in Baltimore. Life Time

B99289

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1906

AGE one years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Edmund Dorsey

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1932 Presstman St

Filed 3/18/07 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1907

I HEREBY CERTIFY, That I attended deceased from March 2d 1907 to March 16th 1907 that I last saw her alive on March 15th 1907, and that death occurred, on the date stated above, at 5-15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Teething

(DURATION) DAYS

Contributory (Primary.) Convulsions

(DURATION) DAYS

(Signed) J Marcus Lemmlee M.D.

Address 430 N Broadway

Date March 16th 1907

Place of Burial Mt Auburn

Date March 18 1907

Undertaker JAMES H DENNIS

Address 1932 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

109

CERTIFICATE OF DEATH.

99290

Registered No. B .....

City of Baltimore, (No. 505, E. 26th St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Concannon

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W
DATE OF BIRTH	March 15 1907 (Month) (Day) (Year)
AGE	— years, — months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	J. P. Concannon
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Mary A Banahan
BIRTHPLACE OF MOTHER (State or country)	Balto Co
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Banahan

(Address) 505 E. 26th St.

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 15 1907 to Mch 17 1907 that I last saw h en alive on Mch 17 1907, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Gastro Intestinal Hemorrhage.

(DURATION) 36 hours.

Contributory .....

(DURATION) ..... DAYS

(Signed) H. McCadden M. D.

Mch 18, 1907 (Address) 2631 Fleet

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Leans Bollstad	March 17 1907

UNDERTAKER C. A. Weidefeld & Son

ADDRESS 2013 Eastern Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

157

Place of Death.) No. 110 Amity St — North St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Laura Williams

{ *Residence, if in Baltimore, Give Street and Number.* } 110 Amity Street north

Duration of Residence in Baltimore.

B99291

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored —

DATE OF BIRTH: March 16 — 1907

AGE: ..... years, ... months, 1 hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Harry Nelson —

BIRTHPLACE OF FATHER (State or country): Balto Md —

MAIDEN NAME OF MOTHER: Laura Williams

BIRTHPLACE OF MOTHER (State or country): Balto Md —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/18 1907

HARRY C. ANDKINS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 16 — 1907

I HEREBY CERTIFY, That I attended deceased from March 16: 1907 to March 16 1907 that I last saw her alive on March 16 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth —

..... (DURATION) ..... DAYS

Contributory (Primary.)

Cerebral pneumo (DURATION) ..... DAYS

(Signed) J. L. Blount — M.D.

Address 622 W Lombard St.

Date March 16 — 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Mar 16 1907

Undertaker Commissioner Health,

Address Health Department.

FOR ANATOMICAL PURPOSES

Ward 7 Registered No. B 66

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Davis

{Residence, if in Baltimore, Give Street and Number.} 225 W Camden St

Duration of Residence in Baltimore. B99292

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro

DATE OF BIRTH: 1

AGE: about 50 years. (Unknown) years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Transfer in by Police Patrol and Ambulance from Lunatic Asylum, as above

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1907

I HEREBY CERTIFY, That I attended deceased from March 11 1907 to March 14 1907

that I last saw him alive on March 14 1907,

and that death occurred, on the date stated above, at 5:30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Hemiplegia (Right side) of brain (DURATION) 4 DAYS

(Signed) W. W. Thier M.D.

Address University Hospital

Date March 16 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date March 16 1907

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

98

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Bell

{ Residence, if in Baltimore, Give Street and Number. } Balto Co Md

Duration of Residence in Baltimore. 5 yrs.

B99293

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 34 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Lynchburg Va.

FULL NAME OF FATHER Dennis Bell

BIRTHPLACE OF FATHER (State or country) Petersburg Va.

MAIDEN NAME OF MOTHER Kate Jackson.

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F Bryles

(Address) Md Penitentiary

Filed 3/18 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to March 16 1907

that I last saw h in alive on March 15 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

Two Years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thurdon Coe M.D.

Address 1808 N. Charles St

Date March 16 1907

Place of Burial UNIVERSITY OF MARYLAND.

Date March 16 1907

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

98

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 899294

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos Matthews

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/18 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch 16 1907

I HEREBY CERTIFY, That I attended deceased from Mch 1 1907 to Mch 16 1907

that I last saw him alive on Mch 16 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary T.B.

Elephantiasis Chronic Diffuse (DURATION) ..... DAYS

(Signed) R R Morris M.D.

Address Bay View Hospital

Date Mch 16 1907

Place of Burial .....

Date May 16 1907

Undertaker William H Woodes

Address 1611 Aiken St

FOR ANATOMICAL PURPOSES

Lamar Hollyday
Supt.
BAY VIEW ASYLUM.

HARRY O. ANDREWS,
PERMIT OFFICER.

UNIVERSITY OF MARYLAND

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 99295

CERTIFICATE OF DEATH.

(Place of Death.) No. 1014 N. Fulton Ave St. Maimie

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Innuma J. Davis

{Residence, if in Baltimore, Give Street and Number.} 1014 N. Fulton ave

Duration of Residence in Baltimore. 50 y.

B 99295

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH — — 1—

AGE 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Edwd Wallis

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Mary Marsden

BIRTHPLACE OF MOTHER (State or country) England.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo E Wallis

(Address) 1014 N Fulton Ave

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1907

I HEREBY CERTIFY, That I attended deceased from March 6th 1907 to March 16th 1907

that I last saw her alive on March 15th 1907

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Disease of Heart & General Anasarca.

(DURATION) 40 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Edward Wallis M.D.

Address 2 W Lanvale a

Date March 18th 1907

Place of Burial New Cathedral Cem

Date March 19th 1907

Undertaker Bertrand & Son

Address 1725 N Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 092946

City of Baltimore, (No. 1318 Penna Ave St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Ellen Conray

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan (Month) 9 (Day) 1877 (Year)

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Daniel Conray

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary Quinn

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Sales Lady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Conray

(Address) .....

Filed 3/8 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to March 17 1907

that I last saw he alive on Mch 16 1907,

and that death occurred, on the date stated above, at .....

The CAUSE OF DEATH was as follows:

Tuberculosis Pulmonary

13 months (DURATION) ... DAYS

Contributory +

(DURATION) ... DAYS

(Signed) V. Vansciliard M.D.

March 17 1907 (Address) 701 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Mar 19 1907

UNDERTAKER: H E Hughes

ADDRESS: 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 99218 Registered No. B 99218

CERTIFICATE OF DEATH.

64

Place of Death.) No. Univ of Maryland Hosp St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Geo. H. Mantz

{ Residence, if in Baltimore, Give Street and Number. } Fayette near Pine

Duration of Residence in Baltimore. Most of life

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	male	DATE OF DEATH	March 15th 1907
COLOR	White		
DATE OF BIRTH	Feb 6th 1852	I HEREBY CERTIFY, That I attended deceased from	
AGE	56 years, 1 months, 6 days	Dec 1906 to	190
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married	that I last saw h alive on	190,
BIRTHPLACE (State or country)	Washington D C,	and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)	
FULL NAME OF FATHER	George Mantz	Cerebral Congestion,	
BIRTHPLACE OF FATHER (State or country)	Frederick Md		
MAIDEN NAME OF MOTHER	Sarah A White	(DURATION)	DAYS
BIRTHPLACE OF MOTHER (State or country)	Washington D C	Contributory (Primary.)	
OCCUPATION OF DECEASED	Retired	(DURATION)	DAYS
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		(Signed)	J D Lightner M.D.
Informant	Elizabeth A Mantz	Address	711 W. Lanvale
(Address)	624 W. Fayette St	Date	3, 15, 1907
Filed 3/18 190 7	HARRY C. ANDREWS, PERMIT CLERK. Registrar	Place of Burial	London Park ~~Baltimore D. C.~~
		Date	Mar 190 7
		Undertaker	Geo J Smith Co
		Address	1006 W. Fayette St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99397

City of Baltimore, (No. 7 Franklin Sq Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William J Scharf

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm J Scharf

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Martha N Forrier

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma F. Phillips

(Address) 1537 Barclay St

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 16th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 11th 1907 to March 16th 1907 that I last saw him alive on March 16 1907, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Brights disease

..... DURATION ..... DAYS

Contributory ..... DURATION ..... DAYS

(Signed) H G Branham M. D.

Mch 16 1907 (Address) Franklin Sq. Hosp

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1537 Barclay St How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL: Mar 17 1907

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *forty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1125 Linden Ave Cordelia St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cordelia B. Murray

{Residence, if in Baltimore, Give Street and Number.} 1125 Linden Ave

Duration of Residence in Baltimore. 4 months B99299

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 7 1845

AGE: 61 years, 4 months, 9 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Williamsburg Va

FULL NAME OF FATHER: William Williams

BIRTHPLACE OF FATHER (State or country): Mathews Co Virginia

MAIDEN NAME OF MOTHER: Delelia Brown

BIRTHPLACE OF MOTHER (State or country): Mathews Co Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. B. Murray

Address: Williamsburg Va

Filed 3/18 1907

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 18. 1907 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to March 17 1907

that I last saw her alive on March 17 1907

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma heart disease and Bright's disease

(DURATION) 65 DAYS

Contributory (Primary) 65 (DURATION) DAYS

(Signed) B. B. Brown M.D.

Address 5-10 Park Ave

Date March 18 1907

Place of Burial Williamsburg Va

Date March 20th 1907

Undertaker Stewart & Mowbray Co

Address 215 Park Ave

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99300

CERTIFICATE OF DEATH.

794

(Place of Death.) No. 1531 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna E. Jones

{Residence, if in Baltimore, Give Street and Number.} 1531 Linden Ave.

Duration of Residence in Baltimore. Thirty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Thomas Campbell

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jamie F Jones

(Address) 1531 Linden Av.

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 17th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

duration Indefinitely (DURATION) DAYS

Contributory (Primary) Arteriosclerosis

Edema (DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. (Corner)

Date March 17th 1907

Place of Burial Winchester Va

Date March 19th 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 E 20th Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Smith Byrd

{Residence, if in Baltimore, Give Street and Number.} 503 E. 20th Street

Duration of Residence in Baltimore. Life

B99301

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Jan 20th 1907

AGE: ..... years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm E Byrd

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Bertha Giles

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Wm E Byrd

Address: 503 E. 20th St

Filed 3/18" 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 17" 1907

I HEREBY CERTIFY, That I attended deceased from Feb 19" 1907 to March 17" 1907 that I last saw him alive on March 16" 1907, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsia

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 7 DAYS

(Signed) Henry B. Thomas M.D.

Address 1007 Cathedral St

Date March 17" 1907

Place of Burial London Park

Date March 18th 1907

Undertaker Wm B Crothers

Address 231 S. Stricker St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1827 Jackson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward L. Christopher

{ Residence, if in Baltimore, Give Street and Number. } 1827 Jackson St.

Duration of Residence in Baltimore. 10 yrs - B9930

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Jan 6th 1827
AGE	80 years, 2 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Dorchester Co
FULL NAME OF FATHER	Levin Christopher
BIRTHPLACE OF FATHER (State or country)	Dorchester Co
MAIDEN NAME OF MOTHER	Rosa Morgan
BIRTHPLACE OF MOTHER (State or country)	Dorchester Co
OCCUPATION OF DECEASED	Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice W. Dunivin (daughter)

(Address) 1827 Jackson St.

Filed 3/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15th 1907 to Mch 15th 1907 that I last saw him alive on Mch 15th 1907, and that death occurred, on the date stated above, at 4:45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hard Failure - asphyxia

(DURATION) — DAYS

Contributory (Primary.) Hemiplegia

(DURATION) DAYS

(Signed) E. Judson Miller M.D.

Address 204 W. Baltimore St

Date Mch 17th 1907

Place of Burial Woods Cemetery Co

Date March 19th 1907

Undertaker I. Schloman & Son

Address 139 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

934

CERTIFICATE OF DEATH.

Registered No. B 99303

City of Baltimore, (No. 1636 E. Monument St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert A. Kretz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 38 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~ OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: John Kretz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Frances Betz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Office Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) His Sister

(Address) 1636 E Monument St

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 10 1907 to March 18 1907 that I last saw h.. alive on March 18 1907, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Heart Pneumonia

9 Days (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) J. Allan Warner M. D.

March 18 1907 (Address) 1133 Valley St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: March 21 1907

UNDERTAKER: Henry Horck Son

ADDRESS: 131 E. Eager

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 934 N. Wolf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Bradley

{Residence, if in Baltimore, Give Street and Number.} 934 N. Wolf St.

Duration of Residence in Baltimore. Life B99304

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John McCarron

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Rose Logue

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Rose O'Hara

Address 934 N. Wolf St.

Filed 3/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to March 16 1907 that I last saw her alive on 15 March 1907 and that death occurred, on the date stated above, at 7 ~~A~~ P. M. CAUSE OF DEATH (Secondary or Immediate) acute Bronchitis and Grippe

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) 14 DAYS

(Signed) Thos J. Timmis M.D.

Address 1025 N. Wolfe St

Date March 16th 1907

Place of Burial Holy Cross Cemetery

Date March 19th 1907

Undertaker Henry Hoeck & Son

Address 1201 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1416 N. Gay St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman L. Fitzpatrick

{Residence, if in Baltimore, Give Street and Number.} 1416 N. Gay St.

Duration of Residence in Baltimore. Life

B 99305

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Nov. 11th 1879

AGE 27 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Hugh F. Fitzpatrick

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary C. Berterman

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant A. Zimmerman

Address 1416 N. Gay St.

Filed 3/18 1907

HARRY O. ANDREWS,
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 15 1907

I HEREBY CERTIFY, That I attended deceased from Feb 7 1907 to Mch 15 1907

that I last saw h[illegible] alive on Mch 15 1907

and that death occurred, on the date stated above, at 11.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 5W Preston

Date Mch 16 1907

Place of Burial Holy Redeemer Cemetery

Date March 20th 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore

CERTIFICATE OF DEATH.

(Place of Death.) No. 1116 N. Washington St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John George Schmid

{Residence, if in Baltimore, Give Street and Number.} 1116 N Washington Av.

Duration of Residence in Baltimore 5-5 years

B99306

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ...1...

AGE: Years 76 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Henry Kitzel

(Address No 204 N. Calvert St

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1907

I HEREBY CERTIFY, That I attended deceased from January 2nd 1907 to March 16th 1907

that I last saw him alive on at 1 p.m. March 16th 1907

and that death occurred, on the date stated above, at 9.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 2 DAYS

Contributory (Primary) Chronic Nephritis with Cardiac Complication (DURATION) Years

(General arteriosclerosis) Dentity

(Signed) Wilmer Brinton M.D.

Address 1 W. Cor. Calvert & Preston Sts

Date March 17th. 1907

Place of Burial St. Mathews Cemetery

Date March 19th 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

12

CERTIFICATE OF DEATH.

Registered No. B 99307

City of Baltimore, (No. 713 N. Central ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Maris J. Holland

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: Mch 26 1905 (Month) (Day) (Year)

AGE: 1 year 11 months 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. City Md

FULL NAME OF FATHER: Wm H. Holland

BIRTHPLACE OF FATHER (State or country): Balto. city

MAIDEN NAME OF MOTHER: Josephine Scott

BIRTHPLACE OF MOTHER (State or country): Balto. city Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Holland

(Address) 713 N. Central ave

Filed 3/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 17th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 13 1907 to March 17th 1907 that I last saw h[im] alive on March 16th 1907, and that death occurred, on the date stated above, at 3-15 a. m. The CAUSE OF DEATH was as follows:

Broncho Pneumonia
Convulsions
Four Days (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) W. Winsey M. D.

March 18 1907 (Address) 1220 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: Mch 19th 1907

UNDERTAKER: Chas. G. Baily

ADDRESS: 14 E Jefferson st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B 99308

City of Baltimore, (No. 327 Chestnut St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James H. Green

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: March (Month) 15 (Day) 1907 Year

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William Green

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Myers

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lu Verne Newman

(Address) 329 Chestnut St

Filed 3/18 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 15th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 28th 1907 to March 15th 1907 that I last saw h im alive on March 15th 1907, and that death occurred, on the date stated above, at 8.20 P. M. The CAUSE OF DEATH was as follows:

Asphyxia

Strangulation

(DURATION) 16 DAYS

Contributory Pneumonia

(DURATION) 2 DAYS

(Signed) Jane J. Balk M. D.

March 16th 1907 (Address) 1516 E. Preston St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Asbury

DATE OF BURIAL: Mar 19 1907

UNDERTAKER: Wm J. Jackson

ADDRESS: 1421 Mulliken St

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

Registered No. B 99309

City of Baltimore, (No. 1142 N Stricker St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm H Dennard

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Sept 25th 1905 (Month) (Day) Year

AGE: — years, 18 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Aug Dennard

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Anna Schott

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Aug Dennard

Address: 1142 N. Stricker

Filed 3/18 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 17th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 12th 1907 to Mar 17th 1907 that I last saw h in alive on Mar 16th 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

One week (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) E. F. Mulholland M. D.

190 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL: 3/19 1907

UNDERTAKER: Crowley Bros — ADDRESS: 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. 1129 Pace St — St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Greene

{Residence, if in Baltimore, Give Street and Number.} 1129 Pace St.

Duration of Residence in Baltimore. 20 yrs. B99310

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: June 1886

AGE: 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Joseph Sewell

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Susan Johnson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Green

(Address) 1129 Pace St

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 16 - 1907

I HEREBY CERTIFY, That I attended deceased from March 8 1907 to March 16 1907 that I last saw h er alive on March 16 1907, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Satar Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Heart Failure.

..... (DURATION) ..... DAYS

(Signed) H. Blank M.D.

Address 622 W Lombard st

Date March 16 - 1907

Place of Burial [illegible]

Date March 17 1907

Undertaker Geo. H. Hooker

Address 609 L Pace St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 803 Pine St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frederick W. Schwenberg.

{ Residence, if in Baltimore, Give Street and Number. } 803 Pine St.

Duration of Residence in Baltimore. Lifetime B99311

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Nov. 19th 1902

AGE 2 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER August F. Schwenberg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Marie Siemans

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August F. Schwenberg

(Address) 803 Pine St.

Filed 3/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18th 1907

I HEREBY CERTIFY, That I attended deceased from March 6 1907 to March 17 1907 that I last saw him alive on March 17 1907, and that death occurred, on the date stated above, at 6.35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. C. Galwitzer M.D.

Address 814 W. Fayette st

Date March 18. 1907

Place of Burial London Park Cem

Date March 20th 1907

Undertaker J. N. Jurselonis Jr.

Address 801 W. Fayette St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1646 Abbot St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Seymour.

{Residence, if in Baltimore, Give Street and Number.} 1646 Abbott St

Duration of Residence in Baltimore.

B9931

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Seymour

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Ruzicka

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Ruzicka

(Address) 1646 Abbott St

Filed 3/18/07 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May. 18 1907

I HEREBY CERTIFY, That I attended deceased from Mar 10 1907 to Mar 18 1907

that I last saw h alive on Mar 17 1907

and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate.)

Coma, Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Typhoid Fever (DURATION) 12 DAYS

(Signed) Chas. B. Fuchs M.D.

Address 530 N Broadway

Date Mar 15th 1907

Place of Burial Holy Cross

Date Mar. 20 1907

Undertaker Frank Brach

Address 1907 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 374

(Place of Death.) No. 1546 Lynnbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary L. Schneider

{ Residence, if in Baltimore, Give Street and Number. } Thirty-two.

Duration of Residence in Baltimore. " " B99313

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph Lemm

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Hess

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Schneider

(Address) 1526 Lynnbrook Ave

Filed 3/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 16 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to March 16 1907

that I last saw her alive on March 15 1907,

and that death occurred, on the date atated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute tuberculosis

(DURATION) 101 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) E. G. Rauch M.D.

Address Lynn & Baxter

Date March 16 1907

Place of Burial Druid Ridge

Date March 18th 1907

Undertaker John E Haught Co

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person easel, and the **cause and date of death.**

Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Boty

{Residence, if in Baltimore, Give Street and Number.} 675 South Wolf Street

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 17th 1869

AGE: 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Ignacy Rakowski or Boty

BIRTHPLACE OF FATHER (State or country): Poland.

MAIDEN NAME OF MOTHER: Mary Rakowska or Boyt

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Rakowski

(Address) 515 S Wolf St

Filed 3/18 1907

WALTER C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1907

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to March 17 1907 that I last saw him alive on March 17 1907. and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) S. S Grouse M.D.

Address Johns Hopkins Hospital

Date March 17 1907

Place of Burial Holy Rosary

Date March 19 1907

Undertaker J Frankowski

Address 428 E Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1700 Warwick ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannie R. Miller

{Residence, if in Baltimore, Give Street and Number.} 1700 Warwick ave

Duration of Residence in Baltimore.

B99315

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Oct 5 1855

AGE: 51 years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Anne Arundel Co

FULL NAME OF FATHER: Geo Miller

BIRTHPLACE OF FATHER (State or country): Annapolis Md

MAIDEN NAME OF MOTHER: Harriet R Brown

BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Miller

(Address) 1700 Warwick ave

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 16th 1907

I HEREBY CERTIFY, That I attended deceased from March 9 1907 to March 16 1907 that I last saw h[illegible] alive on March 16 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Meningitis
Cerebro Spinalis

(DURATION) 3 DAYS

Contributory (Primary.) Bronchial Pneumonia (DURATION) 7 DAYS

(Signed) C. Irvine Jones M.D.

Address 1744 W Mulberry

Date March 17 1907

Place of Burial Millersville Md

Date March 19th 1907

Undertaker E Madison Mitchell

Address 1201 N Fayette st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 412 Davis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Holly

{ Residence, if in Baltimore, Give Street and Number. } 412 Davis St.

Duration of Residence in Baltimore. 10 yrs

B9931C

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thos Holly

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Eliza Holly

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Carter

(Address) 412 Davis St

Filed Mch 19 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1907

I HEREBY CERTIFY, That I attended deceased from Feb 4 1907 to March 17 1907

that I last saw him alive on March 17 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pul Hemorrhage

(DURATION) 4 DAYS

Con'ributory (Primary.) Phthisis 4 mos.

Pulmonal (DURATION) DAYS

(Signed) W. F. Stamm M.D.

Address 1344 Druid Hill Ave

Date March 18 1907

Place of Burial St Peters Cemetery

Date March 19 1907

Undertaker P. A. St. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 428 S Parrish St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Edwards

{ Residence, if in Baltimore, Give Street and Number. } 428 S Parrish

Duration of Residence in Baltimore. Life

B99317

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH —

AGE 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Jobber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Edwards

(Address) 428 Parrish St

Filed 3/19/1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 1907 to [illegible] 1907

that I last saw h[illegible] alive on [illegible] 1907

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Consumption

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C Irving Jones M.D.

Address Corner Gay & Fayette

Date March 18th 1907

Place of Burial Mt Carmel

Date Mar 19th 1907

Undertaker Geo J Smith Co

Address Pen W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 09318

City of Baltimore, (No. 800 Hanover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Abram Etelson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 27 1907 (Month) (Day) (Year)

AGE: ..... years, ... months, 50 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Abram Etelson

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Etelson

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank D. Smith

(Address) 1126 Calhoun St

Filed 3/19 1907

HARRY C. ANDREAE
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 18th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 17 1907 to March 18 1907 that I last saw h[im] alive on March 18 1907, and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Lobular pneumonia following Circumcision

DURATION 10 DAYS

Contributory

DURATION DAYS

(Signed) Frank D. Smith M. D.

March 18 1907 (Address) 1126 Calhoun St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Beth Hamedrash — DATE OF BURIAL: March 19 1907

UNDERTAKER: M. Doyle & Son — ADDRESS: 17 E. Lee st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B

CERTIFICATE OF DEATH.

176

(Place of Death.) No. 25 Carroll St Hampden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Wesley Bykowski

{Residence, if in Baltimore, Give Street and Number.} 25 Carroll St Hampden

Duration of Residence in Baltimore 6 years

B99319

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 20 1853

AGE 53 years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Carroll Co Md

FULL NAME OF FATHER Joseph Bykowski

BIRTHPLACE OF FATHER (State or country) Carroll Co Md

MAIDEN NAME OF MOTHER Lettie A Haines

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sadie Heckner

(Address) Dickeyville Balto Co Md

Filed 3/19/1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Tumefactions (DURATION) DAYS

Contributory (Primary) Blow on Head

(DURATION) DAYS

(Signed) Charles Smithson M.D.

Address 1818 N. Charles St.

Date March 18 1907

Place of Burial New Windsor Carroll Co

Date Mar 21 1907

Undertaker Wm E. Ehrenroth & Son

Address 919 Thirdlere Hampden

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1729 Light St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Adelaide Zink

{Residence, if in Baltimore, Give Street and Number.} 1729 Light St -

Duration of Residence in Baltimore. 36 years - B99320

PERSONAL AND STATISTICAL PARTICULARS	
SEX Fem.	COLOR White
DATE OF BIRTH 21 July 1870	
AGE 36 years, 7 months, 22 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married -
BIRTHPLACE (State or country)	U.S. -
FULL NAME OF FATHER	Henry Gohlinghorst
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Margaret Moeller
BIRTHPLACE OF MOTHER (State or country)	Germany -
OCCUPATION OF DECEASED	Housewife -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Zink

(Address) 1729 Light St

Filed 3/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 15 1907

I HEREBY CERTIFY, That I attended deceased from Feb 5 1907 to Mar 15 1907 that I last saw h er alive on Mar 15 1907, and that death occurred, on the date stated above, at 4.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Oedema of Brain (Paralysis) -

(DURATION) 7 DAYS

Contributory (Primary.) Bright's Disease

(DURATION) DAYS

(Signed) C. F. Straus, M.D.

Address 1606 Light St

Date Mar 15 - 1907

Place of Burial Louden Park

Date March 19th 1907

Undertaker Jos. Stumbaugh

Address 1818 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1448 Andre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Wiesand

{Residence, if in Baltimore, Give Street and Number.} 1448 Andre St

Duration of Residence in Baltimore. Always B99321

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 29 1903

AGE 3 years, 4 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Here

FULL NAME OF FATHER Friedrich Wiesand

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Bohle

BIRTHPLACE OF MOTHER (State or country) U.S.

OCCUPATION OF DECEASED –

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Friedrich Wiesand

(Address) 1448 Andre St

Filed 3/19 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18-18-1907

I HEREBY CERTIFY, That I attended deceased from March 17 1907 to March 18 1907 that I last saw h[illegible] alive on March 18 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion (DURATION) 2 DAYS

Contributory (Primary.)

Broncho-pneumonia (DURATION) 2 DAYS

(Signed) [illegible] M.D.

Address 1510 E. Fort Ave

Date March 18 1907

Place of Burial St. Paul's

Date March 21 1907

Undertaker Jos. Stonebrook

Address 1318 Light St.

WM. J. C. DULANY CO., Baltimore

(☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

Place of Death. No. 1742 N. Chester St. 899322

If Death occurred in Hospital or Institution, give its Name instead of Street and Number

Full Name Anne M. Barnard

{Residence, if in Baltimore, Give Street and Number.} 1742 N. Chester St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 30th 1832

AGE 75 years, 1 month, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Adam Trumbo

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Mary Maccabee

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Louis Dobe.

Address 1742 N. Chester St.

Filed 3/19 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18th 1907.

I HEREBY CERTIFY, That I attended deceased from Oct. 15th 1906 to March 18th 1907

that I last saw her alive on March 18th 1907

and that death occurred, on the date stated above, at 2.26 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Cirrhosis of Liver

Complications.

Contributory (Primary) (DURATION) 6 months DAYS

(Signed) Charles A. Meyer M.D.

Address 1921 N. Caroline St

Date March 19th 1907.

Place of Burial London Park

Date March 21 1907

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SEC. 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 806. Plum alley. St.

If Death occurred in Hospital or institution, give its Name instead of Street and Number.

Full Name Charles Washington

Residence, if in Baltimore, Give Street and Number. 806. Plum alley.

Duration of Residence in Baltimore. 30 yrs. B9932 3

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Charles Washington

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maria Gibson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Stile.

(Address) 806 Plum al.

Filed 3/19/07 190

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 16th. 190

I HEREBY CERTIFY, That I attended deceased from Feb 17 1907 to Mar 16 1907 that I last saw h[im] alive on Mar 14 1907 and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate

asthma -

(DURATION) DAYS

Contributory (Primary.) Pleuro Pneumonia

4 weeks (DURATION) DAYS

(Signed) Lt Keene M.D.

Address 522. Hanover St

Date Mar. 18. 1907

Place of Burial Mt. Auburn Cem

Date March 19 1907

Undertaker John H. Woodrow

Address 142 W. Pratt St.

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH.

Registered No. B 99324

City of Baltimore, (No. 501 N. Bradford St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Murray C. D. Palmer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: April 2nd 1828 (Month) (Day) (Year)

AGE: 78 years, 11 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Carolina co md

FULL NAME OF FATHER: Peter Palmer

BIRTHPLACE OF FATHER (State or country): n.f.

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): n.d.

OCCUPATION OF DECEASED: Plasterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife of deceased

(Address) 501 N Bradford St

Filed 3/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 17th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20th 1906 to March 16th 1907: that I last saw h[illegible] alive on March 16th 1907 and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

La Grippe

about 6 weeks (DURATION) DAYS

Contributory old age & weakness

(DURATION) DAYS

(Signed) R. L. Hardy M.D.

March 18 1907 (Address) 1902 Bank St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: National Cem[illegible]

DATE OF BURIAL: March 19 1907

UNDERTAKER: John H. Toadvine

ADDRESS: 1926 W. Hill

Registered No. B 99325

CERTIFICATE OF DEATH.

(Place of Death.) No. 554 St Mary st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Clark

{Residence, if in Baltimore, Give Street and Number.} 554 St Mary

Duration of Residence in Baltimore. 8 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Males | COLOR: Colored

DATE OF BIRTH: aug 3rd 1899

AGE: 7 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: William Clark

BIRTHPLACE OF FATHER (State or country): St Mary Md County

MAIDEN NAME OF MOTHER: Susan Hall

BIRTHPLACE OF MOTHER (State or country): St Mary

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Per Felix B Pyz

(Address) 1022 Mulberry St

Filed 3/19/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3-18- 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1907 to Mch 1907

that I last saw him alive on Mch 12 1907

and that death occurred, on the date stated above, at 12.00 P.M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

A Asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. L. Lloyd M.D.

Address 629 Franklin av

Date Mch 18. 1907

Place of Burial Cathedral Cemy

Date 3-20- 1907

Undertaker Felix B. Pyz

Address 1022 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 93525 Registered No. B 99326

CERTIFICATE OF DEATH.

(Place of Death.) No. 918 Jordan Alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Jacob Dorsey

{ Residence, if in Baltimore, Give Street and Number. } 918 Jordan alley

Duration of Residence in Baltimore. B99326

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH 1

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) St Marys Co Md.

FULL NAME OF FATHER William Dorsey

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Martha Clarke

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Dorsey

(Address) 918 Jordon alley

Filed 3/19 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1907

I HEREBY CERTIFY, That I attended deceased from Sundown to death 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

(DURATION) 4 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D Hudson M.D.

Address 1216 N Carolina ave

Date Mar. 18, 1907

Place of Burial St Peters Cemetery

Date March 20th, 1907

Undertaker Felix B Pye

Address 1026 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1516

CERTIFICATE OF DEATH.

(Place of Death.) Lying-in Hospital Univ. of Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Alberta Williams

{Residence, if in Baltimore, Give Street and Number.} 622 W. Lombard St

Duration of Residence in Baltimore.

B99327

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH March 5 - 1907

AGE ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

99

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1907

I HEREBY CERTIFY, That I attended deceased from 3-5 1907 to 3-17 1907

that I last saw her alive on 3-17 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

..... (DURATION) ..... DAYS

Contributory (Primary) Premature birth

..... (DURATION) ..... DAYS

(Signed) R O Dees M.D.

Address 622 W. Lombard St.

Date 3-17 - 1907.

Place of Burial COLLEGE OF P.

Date MAR 18 1907 190

Undertaker Commissioner Health,

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 99328

CERTIFICATE OF DEATH.

14 ✓

(Place of Death.) No. 215 S Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Taupel

{ Residence, if in Baltimore, Give Street and Number. } 215 S Regester st

Duration of Residence in Baltimore. 52

B 99328

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 80 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Taupel

(Address) 215 S Regester St

Filed 3/19 1907

HARRY O'ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 17 1907

I HEREBY CERTIFY, That I attended deceased from last 1907 to 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Dysentery

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date 1907

Place of Burial Mt Olivet Cemetery

Date Mar 19 1907

Undertaker Wendell Dolfield Sons

Address 930 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 711 E Fontaine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Anderson

{Residence, if in Baltimore, Give Street and Number.} 711 E Fontaine

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 3 - 28 - 1871

AGE 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Arthur Dugent

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER do not Know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Anderson

(Address) 711 E Fontaine

Filed 3/19/07 HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 18 1907

that I last saw h-r alive on March 17 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Gross M.D.

Address 1940 E Chase

Date March 18 1907

Place of Burial New Cathedral

Date Mar 19 1907

Undertaker John F Fahey

Address 1232 William

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99220

City of Baltimore, (No. 733, N. Patterson Park Ave.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elza Lerzmer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1836 (Year)

AGE: 70 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Household duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Herzinger

(Address) 429 N. Caroline Street

Filed 3/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 17th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from P.30 a.m. March 17th 1907 to 3.1 m. March 17th 1907

that I last saw h[illegible] alive on 3 p.m. March 1907,

and that death occurred, on the date stated above, at 8 ..... M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

16 hours (DURATION)

Contributory Paralysis of the Centers of circulation & Respiration (DURATION) 16 hours

(Signed) Wilmer Brinton M. D.

March 18th 1907 (Address) 1.W. Cor. Gabriel & Orleans

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore cemetery — DATE OF BURIAL: March 20 1907

UNDERTAKER: C. Schuh & Son — ADDRESS: 725 Aisquith

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 99331

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 1276 Riverside Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter W. Marsh

{Residence, if in Baltimore, Give Street and Number.} 1276 Riverside Ave

Duration of Residence in Baltimore. 40 Years B 99331

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 17 1842

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: John W. Marsh

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Ann Beane

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Steamboat Captain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E Marsh

(Address) 1270 Riverside

Filed 3/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug 17 1905 to March 17 1907

that I last saw him alive on March 17 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Fractured Cervical Vertebrae

Paralysis.

1 1/2 Years (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) W. W. Hammond Marsh M.D.

Address 835 Light St

Date March 19 1907

Place of Burial Loudon Park

Date Mar 20 1907

Undertaker Robt J Turnbull

Address Bonney, Valley

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 224 N. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred Shelly

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. most of life

B99332

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Dec 25 1849

AGE 57 years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Pr Sat

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Conklin

(Address) 224 N Eutaw St

Filed 3/19 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17, 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of base of skull accidentally falling on floor.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gelbert Coroner M.D.

Address 211 W. Lanvale St.

Date March 18th 1907

Place of Burial Woodlawn

Date Mar 20 1907

Undertaker W. A. Turner

Address Druid & Division Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99333

City of Baltimore, (No. 122, N. Green St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter Raynor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 6 (Month) (Day) 1906 (Year)

AGE: 3 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas Raynor

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Mary

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C Raynor

(Address) 122 N Green

Filed 3/19 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 19 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 17 1907 to March 19 1907 that I last saw ... alive on March 18 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Acute Pneumonia

(DURATION) 3 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. Wilkinson M. D.

March 19 1907 (Address) 61 Bond

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Vincent

DATE OF BURIAL: Mar 20 1907

UNDERTAKER: Robt. Turner

ADDRESS: Broadway

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99334

City of Baltimore, (No. 408 E Biddle St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James F. Mullan

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	Nov 22 1853
AGE	53 years, 3 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	James Mullan
BIRTHPLACE OF FATHER (State or country)	Cumberland Co. Md.
MAIDEN NAME OF MOTHER	Mary A Galloway
BIRTHPLACE OF MOTHER (State or country)	Howard Co. Md
OCCUPATION OF DECEASED	Conveyancer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nelson

(Address) 408 E. Biddle St

Filed 3/19 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1907 to March 18 1907 that I last saw him alive on March 18 1907, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Chronic Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory Asthenia

(DURATION) — DAYS

(Signed) A G Beck M. D.

Mch 19 1907 (Address) 214 E Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Baltimore

DATE OF BURIAL Mar 19 1907

UNDERTAKER H. C. Wiedefeld

ADDRESS 914 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***forty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1228 N. Stricker St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name William Rupp

{ Residence, if in Baltimore, Give Street and Number. } 1228 Stricker St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: White

DATE OF BIRTH: 1

AGE: 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jacob Rupp

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Informant Wm C Rupp

Address 1228 N Stricker St

Filed 3/19 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1907

I HEREBY CERTIFY, That I attended deceased from Mch 1 1907 to Mch 17 1907

that I last saw h.. alive on Mch 7 1907,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

DURATION 17 DAYS

Contributory (Primary)

DURATION DAYS

(Signed) Jno Clough M.D.

Address 1711 Pine Ave

Date Mch. 18 1907

Place of Burial Loudon Park

Date Mch 20. 1907

Undertaker Wm C. Cook Co.

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. 1006 Leadenhall St. 6

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Erna Owens

{ *Residence, if in Baltimore. Give Street and Number.* } 1006 Leadenhall St

Duration of Residence in Baltimore. Life B99334

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: November 20 1905

AGE: 1 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Daniel Jones 6

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Josephine Owens 6

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Owens 6. (mother)

(Address) 1006 Leadenhall St

Filed 3/19/07 190

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 18 1907

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to ~~190~~

that I last saw h~~im alive on~~ ~~190~~

and that death occurred, on the date stated above, at 7 ~~A.~~ M. CAUSE OF DEATH (Secondary or immediate)

Broncho pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo Eichhardt M.D.

Address Coroner

Date March 19. 1907

Place of Burial Mt. Auburn Cem.

Date March 19 1907

Undertaker H Z Brown and Son

Address 108 N Mont. St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

154

Place of Death.) No. 418 S. Stricker St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sarah H. Roose

{Residence, if in Baltimore, Give Street and Number.} 418 S. Stricker St

Duration of Residence in Baltimore. Life

B99337

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH 1830

AGE 77 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER David H White

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Anna Loudenslager

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard MacCarthy

(Address) 2052 Linden Ave

Filed 3/19 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March - 18th 1907

I HEREBY CERTIFY, That I attended deceased from Mch 6 1907 to Mch 18 1907

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Old Age

Senile Decay

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C Frank Jones M.D.

Address Coroners

Date March 19 1907

Place of Burial Baltimore

Date Mch 19 1907

Undertaker Fox Block

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

(Place of Death.) No. 333 S. Streeter St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Mary C. Davidson

{Residence, if in Baltimore, Give Street and Number.} 333 S. Streeter St

Duration of Residence in Baltimore. Life time B99338

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Oct. 4th 1879.	
AGE 27 years, 5 months, 13 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Patrick Doyle
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Elizabeth Roache
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Doyle

(Address) 333 S. Streeter St

Filed 3/19 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 17th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 25 1906 to Mch 17th 1907 that I last saw her alive on Mch 17th 1907, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis, Complicating Cardiac Dilatation

(DURATION) Years

Contributory (Primary.) Oedema of Lungs

Uraemia (DURATION) 3 DAYS

(Signed) Henry C. Ohle M.D.

Address 1203 W. Fayette St

Date Mch 18 1907

Place of Burial Loudon Park

Date Mch 21 1907

Undertaker W. B. Cook

Address 603 N. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

64

CERTIFICATE OF DEATH.

Place of Death.) No. 211 S. Gilmor St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Benjamin William Shipley

{ Residence, if in Baltimore, Give Street and Number. } 211 S Gilmor

Duration of Residence in Baltimore. 40 yrs

B 99339

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Oct - 15 1827

AGE 79 years, 5 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Howard Co

FULL NAME OF FATHER John H Shipley

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Rebecca

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant C. H. Frantz

(Address) 130 S. Gilmor St

Filed 3/19 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1907

I HEREBY CERTIFY, That I attended deceased from ... to ... 190..

that I last saw h... alive on ... 190..

and that death occurred, on the date stated above, at 3.30 a m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

Senility (DURATION) ... DAYS

Contributory (Primary) Old age (DURATION) ... DAYS

(Signed) Thos Jones M.D.

Address ...

Date March - 19 1907

Place of Burial Laydon Tarkt

Date March 22 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. 1537 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Ann Magill

{Residence, if in Baltimore, Give Street and Number.} 1537 Division St

Duration of Residence in Baltimore. Forty years B99340

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Egan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Nancy Kelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. E. Magill

(Address) 1537 Division St.

Filed 3/19 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 17th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

died suddenly (DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. (corner)

Date Mar. 17th 1907

Place of Burial New Cathedral

Date March 20th 1907

Undertaker M. Fahey & Son

Address 406 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1435 Eastern ave. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Harry Smith

{Residence, if in Baltimore, Give Street and Number.} 1435 Eastern ave.

Duration of Residence in Baltimore. Since birth

B99342

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Harry Smith

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Lena Hart

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Darley

(Address) 1435 Eastern Ave

Filed 3/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1907.

I HEREBY CERTIFY, That I attended deceased from March 15 1907 to March 18 1907 — that I last saw h in alive on March 18 1907, and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Bronchi-pneumonia —

(DURATION) 3 DAYS

Contributory (Primary) Diphteria of larynx (DURATION) 8 DAYS

(Signed) J. Josephson M.D.

Address 2308 E. Bond st —

Date march 18 1907.

Place of Burial Trinity

Date Mar. 19th 1907

Undertaker Arundell Tippett & Co

Address 330 N. Bond St.

4 P.M.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

170

(Place of Death.) No. 1516 Rice St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cornelia Johnson

{Residence, if in Baltimore, Give Street and Number.} 1516 Rice St

Duration of Residence in Baltimore. Life

B99341

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Nov. 30th 1904

AGE: ....years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or Country): Balto

FULL NAME OF FATHER: Robt. Brown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Hannah Johnson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Blanche Johnson

(Address)

Filed 3/19 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 18th 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Accidentally overlaid in sleep by mother

....(DURATION).... DAYS

Con'tributory (Primary.)

....(DURATION).... DAYS

(Signed) Wm Baldwin M.D.

Address 700 Lex. Ave. (Comptr.)

Date Mar. 19th 1907

Place of Burial Laurel Cemetery

Date March 20 1907

Undertaker Felix B. Lee

Address 102 E Hillsdale St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

164

(Place of Death.) No. The Church Home Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H. Dyer

{ *Residence, if in Baltimore, Give Street and Number.* } 3 — South Schroeder St —

Duration of Residence in Baltimore. Lifetime 299343

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: —

AGE: 91 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Florence Schaefer

(Address) 923 Hollins Ave

Filed 3/19 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 17 1907

I HEREBY CERTIFY, That I attended deceased from August 4 1906 to March 17 1907

that I last saw him alive on March 17 1907, and that death occurred, on the date stated above, at 11.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.) Fracture of hip

(DURATION) DAYS

(Signed) H. Stein M.D.

Address The Church Home Infirmary

Date March 18 1907

Place of Burial: Baltimore cem

Date: Mar 20th 1907

Undertaker: Geo J Smith & Co

Address: 1100 W. Fayette St

WM. J. C. DULANY CO., Baltimore

Ward ..... 99344 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Eliza Douty

{Residence, if in Baltimore, Give Street and Number.} 710 N. Gilmor St

Duration of Residence in Baltimore. 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 19th 1825

AGE 82 years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Liberty Md.

FULL NAME OF FATHER Fredk. Byers

BIRTHPLACE OF FATHER (State or country) Gettisburg Pa

MAIDEN NAME OF MOTHER Nancy Bowhan

BIRTHPLACE OF MOTHER (State or country) Liberty Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. G. Thomas

(Address) 710 N. Gilmor

Filed 3/19 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18, 1907

I HEREBY CERTIFY, That I attended deceased from March 10, 1907 to March 18 1907

that I last saw h alive on March 17 1907

and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Reversal of Peristaltic action of the intestines, probably caused by Senility (DURATION) 8 DAYS

Contributory (Primary.) Old Age (DURATION) DAYS

(Signed) Edwin Ford, M.D.

Address 608 N. Gilmor St.

Date March 18, 1907

Place of Burial Prospect, Fred. Co Md

Date Mar 20th 1907

Undertaker Geo. J Smith Co

Address 1600 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

92

Place of Death.) No. 813. N. Bond St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John Gage

{Residence, if in Baltimore, Give Street and Number.} 813. N. Bond, St.

Duration of Residence in Baltimore. 56. Years 899345

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 10th 1841

AGE: 66 years, — months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Gage

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Budgit Connolly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Katie Gage

Address: 813. N. Bond St.

Filed 3/19 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 18th 1907

I HEREBY CERTIFY, That I attended deceased from about Middle of 1907 to 18th March 1907

that I last saw him alive on 17th March 1907

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

Contributory (Primary) Bronchial Pneumonia DURATION about 30 DAYS

Signed Wm. Jeanes M.D.

Address 809 E. Chase St.

Date March 19th 1907

Place of Burial Holy Cross Cemetery

Date March 20th 1907

Undertaker Evans & Spence

Address 1184 120. W. Mt. Royal, Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS. 99346

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1518 E. Chase St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas. Franklin Halley, Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 1st. (Day) 1880 (Year)

AGE: 26 years, 9 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Chas. F. Halley.

BIRTHPLACE OF FATHER (State or country): Frederick, Md.

MAIDEN NAME OF MOTHER: Brown. Mamie

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: Loan Business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant C. F. Halley

Address 1518 E. Chase St.

Filed 3/19 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March. (Month) 17th. (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 10th. 1907 to Mch. 17, 1907, that I last saw h im alive on Mch. 2, 1907, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

Duration, about one year.

Contributory Asthenia & Hyposarc (DURATION) ..... DAYS

(DURATION) ..... DAYS

(Signed) E. L. Brutabfield, M.D.

Mch. 17, 1907. (Address) 1221 E. Preston St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: March 20 1907

UNDERTAKER: Evans & Spence — ADDRESS: 1184-130 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1622 E. Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George L McNally

{ Residence, if in Baltimore, Give Street and Number. } 1622 E. Clement 7th

Duration of Residence in Baltimore. always

B99348

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	May 6 1888
AGE	18 years, 10 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Here
FULL NAME OF FATHER	Edward Mc Nally
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Annie Grogan
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Ironworker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John McNally

(Address) 1622 E. Clement St

Filed 3/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1907

I HEREBY CERTIFY, That I attended deceased from March 16 1907 to March 17 1907

that I last saw him alive on March 16 1907;

and that death occurred, on the date stated above, at 1 12 P. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary tuberculosis (DURATION) 90 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Wilson M.D.

Address 1610 E. Fort Ave

Date March 18 1907

Place of Burial St. Peters cemetery

Date March 20 1907

Undertaker Daniel J. McGlynn

Address 42 E. West St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Jeffers

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

B99347

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1846

AGE: 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: William Jeffers

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Murphy

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Sr. Dorothy Mary

Address Preston & Valley sts

Filed 3/19 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h in alive on March 18 1907,

and that death occurred, on the date stated above, at 3 p.m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

1 week (DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) T. A. Warner, M.D.

Address 1133 Valley pl

Date March 18 1907

Place of Burial St. Peters cemetery

Date March 21 1907

Undertaker H. P. McG. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 East Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amalia Bingel

{ Residence, if in Baltimore, Give Street and Number. } #1407 East Baltimore St

Duration of Residence in Baltimore. Thirty one years B99379

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 6th 1851

AGE 56 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Stumpf

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Amelia Stumpf

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Dingel

(Address) 1407 E Baltimore

Filed 3/19 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18th 1907

I HEREBY CERTIFY, That I attended deceased from March 16th 1907 to March 18 1907 that I last saw her alive on March 18 1907, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (~~Secondary~~ or Immediate.)

Intestinal Obstruction with heart failure

(DURATION) 10 DAYS

Contributory (Primary.) Chronic Gastritis (DURATION) DAYS

(Signed) H. Schlieder M.D.

Address 3414 E Baltimore St

Date March 18th 1907

Place of Burial Loudon Park Cemetery

Date March 20th. 1907

Undertaker George Benz

Address 594 N Biddle St

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

B99350

(Place of Death.) No. 800 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rudolf Friedrich

{Residence, if in Baltimore, Give Street and Number.} 800 S. Broadway

Duration of Residence in Baltimore. 2 days (old)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 16 1907

AGE: — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Stephan Friedrich

BIRTHPLACE OF FATHER (State or country): Austro-Hungary

MAIDEN NAME OF MOTHER: Mary Ostrychowski

BIRTHPLACE OF MOTHER (State or country): Austro-Hungary

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephan Friedrich.

(Address) 800 S. Broadway.

Filed 3/19/1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 18 1907

I HEREBY CERTIFY, That I attended deceased from March 17 1907 to March 18 1907 that I last saw h[illegible]alive on Mar. 18 1907, and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility
Exhaustion

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. J. L. K M.D.

Address 10 Penna. Ave.

Date March 19 1907

Place of Burial St Stanislaus.

Date March 20 1907

Undertaker M. F. Sadowski.

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person eased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1748 E Preston St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Daily

{Residence, if in Baltimore, Give Street and Number.} 1748 E Preston St

Duration of Residence in Baltimore. Life B99351

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 4 1833

AGE 73 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Salisbury Md

FULL NAME OF FATHER Wilson Byles

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Fuchs

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lamblein

(Address) 1748 E Preston St

Filed 3/19/07

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to March 18th 1907 that I last saw her alive on March 18th 1907 and that death occurred, on the date stated above, at 8.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Stomach

(DURATION) 240 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) X DAYS

(Signed) J. H. Chambers M.D.

Address 98 N Fremont St

Date March 19th 1907

Place of Burial Western Cemetery

Date March 20th 1907

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1630 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mattie B Keene

Residence, if in Baltimore, Give Street and Number. 1630 N Gay St

Duration of Residence in Baltimore. Life B 99352

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH ..... June 1907

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED .....

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edw Keene

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Herman

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw Keene

(Address) 1630 N Gay

Filed Mch 20 1907 MARY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 15 1907

I HEREBY CERTIFY, That I attended deceased from Mar 5 1907 to Mar 17 1907

that I last saw h..... alive on Mar 16 1907

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

.....

Broncho Pneumonia

(DURATION) 10 DAYS

Con ributory (Primary) .....

Exhaustion (DURATION) ..... DAYS

(Signed) Martin M White M.D.

Address 1107 N Bway

Date March 19th 1907

Place of Burial Holy Redeemer

Date Mar 20 1907

Undertaker Robt J Snyder

Address Gray. Police

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 Thiid Ave Hampden St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Lawerence Burk

{ Residence, if in Baltimore, Give Street and Number. } 106 Thiid Ave Hampden

Duration of Residence in Baltimore. Life

B99353

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Aug 19 1905

AGE 1 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Francis M. Burk

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Jennie Porter

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis M Burk

(Address) 106 Thiid Ave Hampden

Filed Mch 20th 1907

HENRY O. ANDREWS, PERMIT CLERK. Registrar

6846E

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1907

I HEREBY CERTIFY, That I attended deceased from March 17 1907 to March 19 1907 that I last saw h alive on March 19 1907 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Measles & Pneumonia

(DURATION) DAYS

Contributory (Primary) Measles

(DURATION) 2 DAYS

(Signed) D Whitte M.D.

Address 206 - 3rd Ave

Date March 19 1907

Place of Burial St Mary's Hamdan

Date March 20 1907

Undertaker H. E. Chenoweth & Son

Address 919 Thiid Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 2311 E Lafayette Ave (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Benner

{ Residence, if in Baltimore, Give Street and Number. } 2311 E Lafayette Ave

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 70 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 18 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull (ME)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Mar 18 1907

Place of Burial Sharpsburg Washington Co.

Date March 21 1907

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99355

City of Baltimore, (No. Home for Aged of the M. E Church St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie DeYoung

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH (Month) (Day) Year	Do not Know
AGE	77 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	" " "
BIRTHPLACE OF FATHER (State or country)	Foreigner
MAIDEN NAME OF MOTHER	Do not Know
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. E. Mc Guinness

(Address) Franklin and Fulton

Filed 3/20 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19. 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 17 1907 to Mch 19 1907 that I last saw her alive on Mch 18 1907, and that death occurred, on the date stated above, at 6 — A. M. The CAUSE OF DEATH was as follows:

Bronchitis (Acute)

(DURATION) 18 DAYS

Contributory Pericarditis.

(DURATION) — DAYS

(Signed) Geo. C. Shannon M. D.

Mch 19 1907 (Address) 1442 Pressman St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Mar 20 1907
UNDERTAKER	ADDRESS
Geo. J. Smith & Co	Fayette St

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Edward Grimes Jr.

{Residence, if in Baltimore, Give Street and Number.} 408 N. Gilmor St

Duration of Residence in Baltimore. Life Time

899356

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 21st 1863

AGE 44 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER James Edward Grimes

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Martha A Hipsley

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED Book Binder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ollie Byers

(Address) 408 N. Gilmor St.

Filed 3/20 1907 MARY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 19 1907

I HEREBY CERTIFY, That I attended deceased from Jany 27 1907 to Mch 19 1907 that I last saw him alive on Mch 18 1907, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Nephritis complicating Pulmonary Tuberculosis

(DURATION) 7 Wks

Contributory (Primary.) Pulmonary Hemorrhage + Cardiac Asthenia (DURATION) 3 DAYS

(Signed) Henry C. Ohle M.D.

Address 1203 W. Fayette St

Date Mch 19 1907

Place of Burial London Park

Date Mar 21st 1907

Undertaker Geo. J. Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Ward ... Registered No. B

CERTIFICATE OF DEATH.

43

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lottie Packe.

{Residence, if in Baltimore, Give Street and Number.} 103. S. Caroline st-

Duration of Residence in Baltimore.

B99357

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: —

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 3/20 1907

MARY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to March 18 1907 that I last saw h[illegible] alive on March 18 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chloroform Anesthesia

(DURATION) DAYS

Contributory (Primary) Cystic Goiter

Carcinoma of heart (DURATION) DAYS

(Signed) R R Vonnie M.D.

Address Bay View Hospital

Date March 18 1907

Place of Burial Asbury

Date March 20 1907

Undertaker R A Elliott

Address 506 Rogers Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

Place of Death.) No. 621 N Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Newman

{ Residence, if in Baltimore, Give Street and Number. } 621 N Central Ave

Duration of Residence in Baltimore.

B99358

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Mch 18 1907

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Rippon W. Va.

FULL NAME OF FATHER: John Marsh

BIRTHPLACE OF FATHER (State or country): ? W. Va.

MAIDEN NAME OF MOTHER: Marsh

BIRTHPLACE OF MOTHER (State or country): Rippon W. Va.

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Ada Knight

(Address) 949 N Chapel St

Filed 3/20 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 18 1907

I HEREBY CERTIFY, That I attended deceased from March 8 1907 to March 18 1907 that I last saw her alive on March 18 1907, and that death occurred, on the date stated above, at 9.30 M. CAUSE OF DEATH (Secondary or Immediate)

Immediate
Acute Lobar Pneumonia

(DURATION) 12 DAYS

Contributory (Primary.) Exposure.
nursing son (DURATION) 1 DAYS

(Signed) Harry M Kegerreis M.D.

Address 1207 E Monument St

Date March 19 1907

Place of Burial Charles Town W. Va. Cable Co

Date March 20 — 1907

Undertaker R A Elliott

Address 506 Ruxton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 602 N Dallas Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie Cornish

{ Residence, if in Baltimore, Give Street and Number. } 602 N Dallas st

Duration of Residence in Baltimore.

B99359

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR B.
DATE OF BIRTH Nov 25 1906	
AGE ..... years, 3 months, 23 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED —	
BIRTHPLACE (State or country) Baltimore	
FULL NAME OF FATHER Elijah Barnes.	
BIRTHPLACE OF FATHER (State or country) St Marys Co Md.	
MAIDEN NAME OF MOTHER Lillie Cornish	
BIRTHPLACE OF MOTHER (State or country) Cambridge Md.	
OCCUPATION OF DECEASED —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Banks

(Address) 602 N Dallas st.

Filed 3/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1907

I HEREBY CERTIFY, That I attended deceased from Jan 21 1907 to Mch 16 1907 that I last saw her alive on Mch 16 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) 10 DAYS

Contributory (Primary.) Marasmus.

(DURATION) 60 DAYS

(Signed) Ernest V Guth M.D.

Address North Eastern Dispy.

Date Mch 19 1907

Place of Burial Laurel Cemetery

Date March 20th 1907

Undertaker Felix B Lyon,

Address 1020 Mulberry st,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 619 N. Bradford St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Percy R. Woingust

{ Residence, if in Baltimore, Give Street and Number. } 619 N. Bradford st

Duration of Residence in Baltimore. Life.

B91365

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —

1

AGE: 2 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Samuel Woingust

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Washington

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 619 Bradford

Filed 3/20 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 18 1907

I HEREBY CERTIFY, That I attended deceased from Mar 18 1907 to Mar 18 1907 that I last saw him alive on Mar 18 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

DURATION 3 hours DAYS

Contributory (Primary) Convulsions

DURATION 3 hours DAYS

(Signed) A B. Lennard M.D.

Address 742 N. Patterson Park Ave

Date Mar 18 1907

Place of Burial Johnsons

Date March 20 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 7 S. Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clinton Joseph Webb

{ Residence, if in Baltimore, Give Street and Number. } 7. S. Arlington Ave

Duration of Residence in Baltimore. 11 yr

B99361

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 18th 1865

AGE 42 years, 7 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Benjamin Webb

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Sarah Ackelburger

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Sarah Webb

Address 7. S. Arlington Ave

Filed 3/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17th 1907

I HEREBY CERTIFY, That I attended deceased from Mch 9 to Mch 17 1907

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy Sudden

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C Bruce Fowler M.D.

Address 1 Fowler Bldg

Date March 18 1907

Place of Burial Cathedral Cemetery

Date MAR 21 1907

Undertaker Evans & Spence

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Julius Hettleman

{ *Residence, if in Baltimore, Give Street and Number.* } 116 S. Bond St.

Duration of Residence in Baltimore. life

B99362

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: [redacted] years, 15 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wilman Hettelman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Yanklintch

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Hettelman

Address 116 D Bond st

Filed 3/20 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 19th 1907

I HEREBY CERTIFY, That I attended deceased from March 8th 1907 to March 19th 1907 that I last saw him alive on March 19th 1907, and that death occurred, on the date stated above, at 8.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia from Empyaema

(DURATION) DAYS

Contributory (Primary)

Pneumonia (DURATION) DAYS

(Signed) W. E. Riggs M.D.

Address 1514 Division St

Date March 19th 1907

Place of Burial Philip Rd Road Dale

Date March 20, 1907

Undertaker May Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

160

CERTIFICATE OF DEATH.

(Place of Death.) No. [illegible] St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louis Ellnorf

{ Residence, if in Baltimore, Give Street and Number. } 1723 E Lombard st

Duration of Residence in Baltimore. 15 yrs

B 99363

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR White

DATE OF BIRTH 1

AGE 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Joel Ellnorf

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sofa Rousof

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant J. Hankin

Address 1723 E Lombard st

Filed 3/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15 1907

I HEREBY CERTIFY, That I attended deceased from Sudden death 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate) Concussion of brain (accident)

(DURATION) DAYS

Contributory (Primary) accident + fall

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N Caroline st

Date Mar 20 1907

Place of Burial Philip Rd Road Dale

Date Mar 20 1907

Undertaker Mary Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2 High & Low St. (If Death occurred in Hospital or institution, give its Name Instead of Street and Number.)

Full Name Mark Baylin (Baylin)

{ Residence, if in Baltimore, Give Street and Number. } 1022 Granby st

Duration of Residence in Baltimore. 8 yr. B99364

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Sol Baylin

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Shanie Balnoff

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Balnoff Baylin

(Address) 1022 Granby st

Filed 3/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 19, 1907

I HEREBY CERTIFY, That I attended deceased from Mar 19 1907 to Mar 19 1907

that I last saw h — alive on Mar 19 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Crushed head

accident

(DURATION) DAYS

Contributory (Primary) Accidental Fall

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 216 N Carolina st

Date Mar 20 1907.

Place of Burial Philip Rd Roas Dale

Date Mar 20, 1907

Undertaker Max Levinson

Address 1620 Mc Elderry

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

Place of Death.) No. 124 S. Eden St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jacob Schapiro

{ Residence, if in Baltimore, Give Street and Number. } 124 S. Eden St.

Duration of Residence in Baltimore. Life

B9936 5

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C.

DATE OF BIRTH 1

AGE 18 hrs. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob Schapiro

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bertie Shifrin

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant B Hyman

Address 124 S Eden st

Filed 3/20 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1907

I HEREBY CERTIFY, That I attended deceased from Mch 18 1907 to Mch 19 1907 that I last saw h[illegible] alive on Mch 19 1907 and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

DURATION 18 hrs DAYS

Con'tributory (Primary.) Prematurity

DURATION 8 hrs DAYS

(Signed) W. A. Doney M.D.

Address City Hospital

Date March 19 1907

Place of Burial Philip Rd Road Dale

Date March 20, 1907

Undertaker Mat Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1626 Harlem ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Angelina Dever

{ *Residence, if in Baltimore, Give Street and Number.* } 1626 Harlem av

Duration of Residence in Baltimore. 15 years. B99364

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: June 1820

AGE: 86 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Jos Hopkins

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. J Jagg.

(Address) 1626. Harlem ave

Filed 3/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 18 1907

I HEREBY CERTIFY, That I attended deceased from Feb 24 1901 to March 18 1907 that I last saw her alive on March 18 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart dilatation, oedema lungs & extremities - old age -

Unknown (DURATION) DAYS

Contributory (Primary.) Arteriosclerosis

Unknown (DURATION) DAYS

(Signed) John J. Young M.D.

Address 1425 Eutaw Place

Date Balto. March 19 1907

Place of Burial Centerville Md

Date March 21st 1907

Undertaker E. M Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. 1538 Mc Culloh st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edwin Sutton Brady

{Residence, if in Baltimore, Give Street and Number.} 1538 Mc Culloh St

Duration of Residence in Baltimore. Life B99367

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 3-22- 1849

AGE: 57 years, 11 mont's, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Edwin Brady

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Coal Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs. E. Brady

Address 1538 Mc Culloh St

Filed 3/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17th 1907

I HEREBY CERTIFY, That I attended deceased from Mar 17th 1907 to Mch 17th 1907 that I last saw him alive on Mch 17th 1907 and that death occurred, on the date stated above, at 10 50 P. M. CAUSE OF DEATH (Secondary or Immediate

Myocarditis

(DURATION) DAYS

Con'ributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) C. K. Jump M.D.

Address 1415 Madison Ave

Date March 19th, 1907

Place of Burial Druid Ridge Cem.

Date March 20 1907

Undertaker E. W. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person aged, and the **cause and date of death.**

Ward .....

Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Biebel

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 52 years

B 99368

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	white
DATE OF BIRTH	May 18 1831
AGE	76 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Biebel
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Catherine —
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamer Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 3/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to March 17 1907

that I last saw h in alive on March 17 1907,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

Chronic Diffused Nephritis Uremia

Sclerosis (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) R K Konrad M.D.

Address Bay View Hosp.

Date March 18 1907

Place of Burial New Cathedral

Date March 21 1907

Undertaker R B Cook

Address 1003 W Balto St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93 V

CERTIFICATE OF DEATH.

Registered No. B 99369

City of Baltimore, (No. 814 Harford ave St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Andrathy

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: Jan (Month) 26 (Day) 1906 (Year)

AGE: 1 years, 1 months, 20 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): America

FULL NAME OF FATHER: Jno Andrathy

BIRTHPLACE OF FATHER (State or country): America

MAIDEN NAME OF MOTHER: Catherine Trier

BIRTHPLACE OF MOTHER (State or country): America

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Andrathy

(Address) 814 Harford ave

Filed 3/20 1907

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 10 1907 to Mar 19 1907 that I last saw her alive on March 18 1907, and that death occurred, on the date stated above, at 5.30 a m. The CAUSE OF DEATH was as follows:

Pneumonia
following acute
Bronchitis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) James M Denton M. D.

Mar 19 1907 (Address) 707 E Chase St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woods Redeemer

DATE OF BURIAL: March 21 1907

UNDERTAKER: Jos. J. Kerr

ADDRESS: 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1014 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Elliott.

{ Residence, if in Baltimore, Give Street and Number. } 1014 N. Mount St.

Duration of Residence in Baltimore. 55 Years B99378

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Oct 26 1831 ~~Mar. 18~~ 1907

AGE: 75 years, 4 months, 22 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Philip Clayton

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Brewer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Elliott

(Address) 1014 N. Mount St

Filed 3/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 18 1907

I HEREBY CERTIFY, That I attended deceased from Mar 1906 to Mar 18 1907 that I last saw her alive on Mar 18 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer (Schirrus)

about 5 yrs (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O. Edward Janney M.D.

Address 837 N. Eutaw St.

Date Mar. 19, 1907

Place of Burial London Park

Date March 21 1907

Undertaker Chas. E. Franck

Address 746 N. Eutaw St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Ward .....

99871 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen Wilson

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Unknown 1836

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/20 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to March 17 1907 that I last saw h.. alive on March 17 1907, and that death occurred, on the date stated above, at 9.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Abdominis
Chronic diffused peritonitis
Cellulitis of right thigh

Contributory (Primary.) Septicaemia (DURATION) DAYS

(DURATION) DAYS

(Signed) R R Vonderlehr M.D.

Address Bay View Hospl.

Date March 18 1907

Place of Burial Sacred Heart Cemetery

Date MAR 20 1907

Undertaker Evans & Spence

Address 118-120 W. Mt. Royal Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1372 N. Carey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane McBeth.

{Residence, if in Baltimore, Give Street and Number.} 1372 N. Carey St.

Duration of Residence in Baltimore. 15 yrs. 899372

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) South Carolina

FULL NAME OF FATHER Seth Wilson

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Keeps House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Seth Wilson

(Address) 1337 Carey St

Filed 3/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1907

I HEREBY CERTIFY, That I attended deceased from June 20 1903 to March 18 1907 that I last saw her alive on March 17 1907 and that death occurred, on the date stated above, at 4.25 P. M. CAUSE OF DEATH (Secondary or Immediate

Coma (Convulsions 6 wks).

(DURATION) 5 DAYS

Contributory (Primary.) Apoplexy (DURATION) 3 yrs. 1 mos. DAYS

(Signed) Wm. H. Wingert M.D.

Address 1373 N. Carey St

Date March 19, 1907

Place of Burial Mt. Auburn Cemetery

Date March 20 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 903 Cedar Court St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Benjamin Franklin

{Residence, if in Baltimore, Give Street and Number.} 903 Cedar Court

Duration of Residence in Baltimore. Unknown 89937

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH 1

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: James Franklin

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Maria Brown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mable Distant

(Address) 709 Cedar St

Filed 3/20 1907

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Unknown (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Allan Baldwin M.D.

Address 700 Lafayette Ave. (Compton)

Date March 19th 1907

Place of Burial Mt Auburn Cemetery

Date March 20 1907

Undertaker R. McElliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person easel, and the **cause and date of death.**

CERTIFICATE OF DEATH. 99374

(Place of Death.) No. 1814 Pattenson ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dau[illegible] of Albert & Ruth Brown

{Residence, if in Baltimore, Give Street and Number.} 1814 Pattenson ave,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Jan. 16th 1907

AGE: ....years, ...months, 1/4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Albert Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ruth Davis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Virginia Davis

(Address) 1814 Pattenson ave.

Filed 3/20 1907

MARY O. ANDERSON
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 19th 1907

I HEREBY CERTIFY, That I attended deceased from ....1907 to 1907

that I last saw h.... alive on 1907

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) .... DAYS

Con'ributory (Primary.)

(DURATION) .... DAYS

(Signed) Julia Baltimore M.D.

Address 710 Hoy. ave. (County)

Date Jan. 19th 1907

Place of Burial Mt. Zion cemetery

Date March. 20 1907

Undertaker Wm. J. Johnson

Address 614 Baker st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

100 ✓

(Place of Death.) No. 2120 Cambridge st. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Teresa Knolecek

{ Residence, if in Baltimore, Give Street and Number. } 2120 Cambridge st.

Duration of Residence in Baltimore. 10 yrs. B99375

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar. 5th 1836

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Knotek

(Address) 2120 Cambridge

Filed 3/20 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19th 1907

I HEREBY CERTIFY, That I attended deceased from March 6th 1907 to March 19th 1907

that I last saw h[er] alive on March 18th 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Bright's Disease.

(DURATION) DAYS

(Signed) Herman J. Gerding M.D.

Address 1937 Canton Ave.

Date March 19th 1907

Place of Burial Holy Redeemer

Date Mar. 20. 1907

Undertaker Frank Brack

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city ... duty of the Physician who attended during his or her last sickness, or the Coroner, when the ... ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintendi... ing forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether ... eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

123

(Place of Death.) No. City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew McPhail

{ Residence, if in Baltimore, Give Street and Number. } 13½ Gorsuch Ave.

Duration of Residence in Baltimore. Life

B99376

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH — 1 —

AGE 56 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Edw F McPhail

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Andrew J McPhail

(Address) 8½ Gorsuch Ave

Filed 3/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1907

I HEREBY CERTIFY, That I attended deceased from Mch 5 1907 to Mch 18 1907

that I last saw him alive on Mch 18 1907

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus

Local Peritonitis

Heart disease

(DURATION) DAYS

Contributory (Primary) Gonitis

Urethral Stricture (DURATION) DAYS

(Signed) W. J. Dorsey M.D.

Address City Hospital

Date March 18 1907

Place of Burial Western Cemetery

Date March 20th 1907

Undertaker Geo A Garbey

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1794

(Place of Death.) No. 912 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Olivia Smith

{Residence, if in Baltimore, Give Street and Number.} 215 S Caroline st

Duration of Residence in Baltimore. B99377

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 55 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mr. Emory

Address 1013 E Lombard St

Filed 3/20 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 = 1907

I HEREBY CERTIFY, That I attended deceased from ~~—~~ 190 to ~~—~~ 190

that I last saw h~~—~~ alive on ~~—~~ 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) Coroner

(Signed) Thomas Scudder M.D.

Address 320 ½ Guilford Ave

Date 190

Place of Burial Trinity

Date Mar 20 1907

Undertaker Wendell Dippel Son

Address 330 S Bond St

W. M. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Hamoro Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of Thomas and
Full Name Clara Jones

{ Residence, if in Baltimore, Give Street and Number. } 1411 Bruce St.

Duration of Residence in Baltimore. B99378

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Male / COLOR: Colored	DATE OF DEATH: Mar- 19- 1907
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from Mar- 19 1907 to Mar- 19 1907
AGE: — years, — months, 12 days	that I last saw h im alive on Mar 19 1907, and that death occurred, on the date stated above, at 8 45 P. M.
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.	CAUSE OF DEATH (Secondary or Immediate) Shock
BIRTHPLACE (State or country): Balto Md	(DURATION) 1 DAYS
FULL NAME OF FATHER: Thomas Jones	Contributory (Primary.) Umbilicus hemorrhage (DURATION) 3 DAYS
BIRTHPLACE OF FATHER (State or country): Balto Md	(Signed) M. A. Stroh M.D.
MAIDEN NAME OF MOTHER	Address Mt Hamoro Hospital
BIRTHPLACE OF MOTHER (State or country): Balto Md	Date Mar- 20- 1907
OCCUPATION OF DECEASED	Place of Burial Mt Auburn
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Informant) James H Dennis (Address) 1332 Pressman St	Date March the 21 1907
Filed 3/20 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar	Undertaker JAMES H. DENNIS, Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Ward ... 99378 Register No. B ...

CERTIFICATE OF DEATH.

Place of Death.) No. Bay View Asylum St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Van Horst

{ Residence, if in Baltimore, Give Street and Number. } # 2139 Boyd St

Duration of Residence in Baltimore. /

B99379

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH December 23rd 1845

AGE 63 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) (Virginia)

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Fred Cocivetta

Address #2139 Boyd St

Filed 3/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 21 1907 to March 18 1907

that I last saw h[illegible] alive on March 18 1907,

and that death occurred, on the date stated above, at 1.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

Chronic diffused

Nephritis

Contributory (Primary) (DURATION) Exhaustion DAYS

(DURATION) DAYS

(Signed) R R Konk M.D.

Address Bay View Asylum.

Date March 18 1907.

Place of Burial Weston Cemetery

Date Thursday March 21st 1907

Undertaker F. B. Muppert

Address #1 Fredrick Ave Cptld

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B99380

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Morrissey

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: ....

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Lamar Hollyday, Supt.

Address: BAY VIEW ASYLUM.

Filed 3/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 18 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to March 18 1907 that I last saw h-e alive on March 18 1907, and that death occurred, on the date stated above, at 1.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophic Cirrhosis, Chronic diffuse nephritis

(DURATION) DAYS

Contributory (Primary.) Pleurisy

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date March 18 1907

Place of Burial: JOHNS HOPKINS HOSPITAL

Date Mar 19 1907

Undertaker: William H Woolen

Address 1811 Aiken

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

Ward ..... 99361 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Annie Read

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Lamar Hollyday, Supt

(Address) BAY VIEW ASYLUM

Filed 3/20 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... March 17 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to March 17 1907 that I last saw h.. alive on March 17 1907, and that death occurred, on the date stated above, at 9 ..... P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) R R Vonis M.D.

Address Bay View Hospital

Date March 17 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Mar 19 1907

Undertaker Wm H Woods

Address 1811 Aisken St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

CERTIFICATE OF DEATH.

99

(Place of Death.) No. 1015 Woodley pl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Henry Koontz

{Residence, if in Baltimore, Give Street and Number.} 1015 Woodley formerly of Page co. Va

Duration of Residence in Baltimore. 2 Months B99312

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 15th 1869

AGE: 38 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Louis C. Koontz

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Elizabeth Hutchinson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Lizzie Virginia Koontz

(Address) 1015 Woodley St

Filed 3/20 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 19th 1907

I HEREBY CERTIFY, That I attended deceased from Mch 12 1907 to Mch 19 1907

that I last saw h( )m alive on Mch 19 1907

and that death occurred, on the date stated above, at 2.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from the lungs

(DURATION) 7 DAYS

Contributory (Primary)

Exhausting (DURATION) DAYS

(Signed) Chas H. Bulmer M.D.

Address 1100 W. Lafayette Ave

Date Mch 19th 1907.

Place of Burial Stanley Virginia

Date Mar 21st 1907

Undertaker Geo W Weber

Address 1130 W. Carey st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

9938 64

(Place of Death.) No. 803 W. Calvert St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia C. Rhodes

{ Residence, if in Baltimore, Give Street and Number. } 803 W. Calvert St.

Duration of Residence in Baltimore. 5 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: April 7 1828

AGE: 71 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Alexandria, Va.

FULL NAME OF FATHER: Peter Hewett

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Mills

BIRTHPLACE OF MOTHER (State or country): Alexandria, Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emmit Banks

(Address) 803 W. Calvert St.

Filed 3/20 1907

CARRY C. JANNEY, REGISTRAR PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 18th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 13 1906 to Mch. 18 1907 that I last saw h alive on Mch. 17 1907, and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthma + Paralysis

(DURATION) DAYS

Contributory (Primary.) Apoplexy

(DURATION) DAYS

(Signed) Jas M. Craighill M.D.

Address 1730 N. Charles St.

Date March 19 1907

Place of Burial Greenmount Cemetery

Date Mar. 20 1907

Undertaker Henry W. Means 2nd Son.

Address 805 W. Calvert St.

WM. J. C. DULANY CO. Baltimore

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Johnson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

B99384

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH .....

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 3/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1907

I HEREBY CERTIFY, That I attended deceased from Feb 11 1907 to March 18 1907 that I last saw him alive on March 18 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Peritonitis

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) R R Vonnt M.D.

Address Bay View Asylum

Date March 18 1907.

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 20 1907

Undertaker William H Woodus

Address 161 Aisquith St

NO ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1145' Dayton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie L McCall

{Residence, if in Baltimore, Give Street and Number.} 1145' Dayton

Duration of Residence in Baltimore. 9 yrs B9938

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	white
DATE OF BIRTH	Aug. 1874
AGE	32 years, 5 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	York, Pa.
FULL NAME OF FATHER	Christopher Miller
BIRTHPLACE OF FATHER (State or country)	Pa.
MAIDEN NAME OF MOTHER	Charlotte Miller
BIRTHPLACE OF MOTHER (State or country)	Pa.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A McCall

(Address) 1145 Dayton St

Filed 3/20 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1907

I HEREBY CERTIFY, That I attended deceased from March 16 1907 to March 19 1907 that I last saw h.. on alive on March 18 1907, and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonary

(DURATION) 12 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 6 DAYS

(Signed) Edward Smith M.D.

Address 1147 Dayton St

Date March 19 1907

Place of Burial Westerin

Date March 21 1907

Undertaker Jos B Cook

Address 1003 Baltimore St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 1304 E. Chase St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Anna Regina Willinger

{ Residence, if in Baltimore, Give Street and Number. } 1304 E. Chase St.

Duration of Residence in Baltimore. 32 years

B99286

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH

1

Father 57 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Lancaster. Pa.

FULL NAME OF FATHER Henry Hebrank

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Theresa Tracy

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis J. Willinger

(Address) 1304 E. Chase St.

Filed 3/20 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 8 1907 to March 18 1907

that I last saw her alive on March 18 1907

and that death occurred, on the date stated above, at 6 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 5 DAYS

Contributory (Primary) Climacteric —

Bronchitis (DURATION) 70 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121 Jackson Square

Date March 19 1907

Place of Burial Greenmount Cemetery

Date March 22 1907

Undertaker Henry Hoech & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 422 E. Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Rosalie Greene

{Residence, if in Baltimore, Give Street and Number.} 422 E Oliver St.

Duration of Residence in Baltimore. Life 899387

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct. 29th 1905

AGE: 1 years, 4 months, 20 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Patrick Greene

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary E Sweeny

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 422 E Oliver St.

Filed 3/20 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch 19 1907

I HEREBY CERTIFY, That I attended deceased from Mch 4 1907 to March 19 1907

that I last saw h im alive on Mch 19 1907

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 12 DAYS

Contributory (Primary) Tuberculosis

(DURATION) 5 DAYS

(Signed) [illegible] M.D.

Address 214 E Preston St

Date Mch. 19 1907

Place of Burial St. Peters Cemetery

Date March 21 N. 1907

Undertaker Henry Hoeckel Son

Address 1201 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ of Maryland Hosp - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Mark Jacobs

{Residence, if in Baltimore, Give Street and Number.} 214 Dawson alley

Duration of Residence in Baltimore. Most of life. B 99385

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Jacob

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: Coates

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L Jacobs

(Address) 214 Dawson alley

Filed 3/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18, 1907

I HEREBY CERTIFY, That I attended deceased from Mch 16 1907 to Mch 18 1907

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 7.25 P. M. CAUSE OF DEATH (Secondary or Immediate

Hemorrhage in the abdomen

caused by a pistol ball, shot by

John Cannon, on Mch 16. 07

.....(DURATION)..... DAYS

Contributory (Primary.)

.....(DURATION)..... DAYS

(Signed) J. D. Lightner M.D.

Address 211 W. Lanvale

Date 3. 19. 1907

Place of Burial Mt Auburn cemetery

Date March 21 1907

Undertaker Geo H Hooper

Address 609 Little Sales St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to the Physician, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his care, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1420 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary M. Grant

{Residence, if in Baltimore, Give Street and Number.} 1420 Division St

Duration of Residence in Baltimore. Lifetime B99389

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John P. Webb

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Amelia Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1420 Division St

Filed 3/21/07

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1907 to March 19 1907 that I last saw h er alive on March 17 1907, and that death occurred, on the date stated above, at 7.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

Several Months (DURATION) DAYS

Contributory (Primary.) Apparent —

(DURATION) — DAYS

(Signed) Edward Wheatley M.D.

Address 1230 Difft Ave

Date March 19 1907

Place of Burial Mt. Auburn

Date March 22 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1415 Fairmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stephen Barnett

{Residence, if in Baltimore, Give Street and Number.} 1415 Fairmount av

Duration of Residence in Baltimore. Life B99398

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH —

1

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Stephen Barnett Sr

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Brunett

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1415 Fairmount Av

Filed 3/21 1907

HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 19 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1 1907 to Mch 14 1907 that I last saw him alive on Mch 18 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease & Cystitis

3 mo (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Chas. F. Clarke M.D.

Address 1623 Bolton St

Date Mch 14-07 1907

Place of Burial Laurel

Date March 23 1907

Undertaker R A Edwalt

Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

54

(Place of Death.) No. 1711 Sherman Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mabel Dorkward

{ Residence, if in Baltimore, Give Street and Number. } 1711 Sherman Ave

Duration of Residence in Baltimore. Life B99391

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Col
DATE OF BIRTH	Dec 11 1906 1906
AGE	..... years, 3 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Elijah Dorkward
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Turner
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Bayless

(Address) 220 Guilford Ave

Filed 3/21 1907 HENRY O. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	March 19 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1907 to March 19 1907 that I last saw h er alive on March 19 1907, and that death occurred, on the date stated above, at 4.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia. Exhaustion

Due to

(DURATION) DAYS

Contributory (Primary) Marasmus & General Tuberculosis (DURATION) 3 Mos

(Signed) M. Baylen Bayless M.D.

Address 220 Guilford Ave.

Date March 20/07 1907 V

Place of Burial Laurel Cemetery

Date March 21 1907

Undertaker E R St Elliott

Address 506 Roger Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99392

City of Baltimore, (No. 809 Sterling St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Howard Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR C

DATE OF BIRTH March (Month) (Day) 1888 (Year)

AGE 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Solomon Smith

BIRTHPLACE OF FATHER (State or country) West Moreland Co. Va

MAIDEN NAME OF MOTHER Rosa Blackville

BIRTHPLACE OF MOTHER (State or country) Westmoreland Co Va

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Solomon Smith

(Address) 809 Sterling St

Filed 3/21 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 4th 1907 to March 18 1907 that I last saw him alive on March 16 1907, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Phthisis

(DURATION) DAYS

Contributory Asthenia (Cardiac)

(DURATION) DAYS

(Signed) A. L. Levy M. D.

3/19 1907 (Address) 733 Cinquette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Zion — DATE OF BURIAL March 21 1907

UNDERTAKER R. A. Elliott — ADDRESS 506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Moses Cosey B99393

{Residence, if in Baltimore, Give Street and Number.} 1410 E Lexington St

Duration of Residence in Baltimore.... 29 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ....1....

AGE: 47 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lemar Holliday, Supt.
(Informant)
BAY VIEW ASYLUM.
(Address)

Filed 3/21 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 17. 1907

I HEREBY CERTIFY, That I attended deceased from Jany. 4 1907 to March 17. 1907 that I last saw him alive on March 17. 1907, and that death occurred, on the date stated above, at 9.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Pleurisy

(DURATION) 2 Weeks

(Signed) R R Norris M.D.

Address Bay View Asylum

Date March 17. 1907.

Place of Burial Asbury

Date March 21 1907

Undertaker 506 Rogers Ave

Address R. A. Elliott

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 Latrobe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bettie Winston

{ *Residence, if in Baltimore, Give Street and Number.* } 1711 Latrobe St

Duration of Residence in Baltimore. Life. B99394

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: col

DATE OF BIRTH: Feb 1st 1907

AGE: ..... years, 1 month, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing le

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Andrew Winston

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Fannie Gregory

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Houghton Baxley

(Address) 2211 Gilmore Ave

Filed 3/21 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1907

I HEREBY CERTIFY, That I attended deceased from March 9 1907 to March 19 1907

that I last saw her alive on March 19 1907,

and that death occurred, on the date stated above, at 7.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition + Exhaustion due to tumor of the stomach, ulcerated

(DURATION) DAYS

Contributory (Primary.) Syphilitic Disease since birth

Congenital Syphilis as specially noticed

(DURATION) DAYS

was heredo-familial

(Signed) Houghton Baxley M.D.

Address 2211 Gilmore Ave

Date March 1907

Place of Burial Laurel Cemetery

Date March 22 1907

Undertaker J. A. Schlatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore

CERTIFICATE OF DEATH.

(Place of Death.) No. 505 W Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gertrude E. Wood

{Residence, if in Baltimore, Give Street and Number.} 1505 W Saratoga St

Duration of Residence in Baltimore. Life B99395

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH January 6, 1896

AGE 11 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Evans Wood

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Ida Lippelmeier

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Edw. Wood

Address 1505 W. Saratoga St

Filed 3/21/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1907

I HEREBY CERTIFY, That I attended deceased from March 12 1907 to March 17 1907 that I last saw h[illegible] alive on March 17 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Lesion

Ends Cerebritis

(DURATION) 3 Weeks DAYS

Contributory (Primary.)

Rheumatism (DURATION) 3 Weeks DAYS

(Signed) Edward Lentz M.D.

Address 9 E Chase St

Date March 19. 1907

Place of Burial Mt Olivet Cemetary

Date March 21 st 1907

Undertaker E Madison Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm F. Ward.

{Residence, if in Baltimore, Give Street and Number.} 521 Jefferson St

Duration of Residence in Baltimore. 28 yrs. B99396

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) England

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Ward.

(Address) 521 Jefferson St

Filed 3/21 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 7- 1907 to March 20 1907

that I last saw him alive on March 20 1907

and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate.)

Uremia.
Pulmonary Edema
3 (DURATION) DAYS

Contributory (Primary) Nephritis
Arteriosclerosis (DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date March 20- 1907

Place of Burial Western

Date March 22nd 1907

Undertaker G. F. Walter

Address 720 W Lafayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99307

City of Baltimore, (No 1539, Irvington Pl. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Mettle.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 28 (Day) 1879 (Year)

AGE: 27 years, 10 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John L. Mettle

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Elizabeth Hoffmeister

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Mettle.

(Address) 1523 Hinsdale Ave.

Filed 3/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 15 1907 to March 18 1907.

that I last saw him alive on Mar. 18 1907,

and that death occurred, on the date stated above, at 7.05 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

2 years (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) John D. Quinn, M. D.

Mar. 20 1907. (Address) 1519 N. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: March 21 1907

UNDERTAKER: G. F. Waltz — ADDRESS: 220 E. Lafayette

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99398

City of Baltimore, (No. 1035 N. Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Louis Sadler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. (Month) 16. (Day) 1842 (Year)

AGE: 64 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Joshua Sadler

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Harriet Staley

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Sadler Jr

(Address) 511 N Carey st

Filed 3/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 20. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 15, 1907 to Mar. 20, 1907 that I last saw him alive on Mar. 19, 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

1 Bright's Disease — had been ailing some months previous to last call (DURATION) DAYS

Contributory Dropsy and Uremic Poisoning (DURATION) DAYS

(Signed) E. H. Holbrook M. D.

Mar 20 1907 (Address) 728 N. Carey st.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hagerstown Md

DATE OF BURIAL: Mar 22 1907

UNDERTAKER: G. F. Baker

ADDRESS: 23 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H Parker

{Residence, if in Baltimore, Give Street and Number.} 1205 Mullikin St

Duration of Residence in Baltimore. Life

B99399

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 34 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Cook

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Lora Walker

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Washington

(Address) 1205 Mullikin Ave

Filed 3/21 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1907

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to March 19 1907

that I last saw him alive on March 19 1907

and that death occurred, on the date stated above, at 10.25 A M. CAUSE OF DEATH (Secondary or Immediate.)

Aortic Insufficiency

..... (DURATION) ..... DAYS

Con'tributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) S. S Trouse M.D.

Address Johns Hopkins Hospital

Date March 19 1907

Place of Burial Mt Auburn C

Date March 21 st 1907

Undertaker Wm J G Jackson

Address 1421 Mullikin St

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 41 Quid Ave Woodbury St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia Sakers

{Residence, if in Baltimore, Give Street and Number.} 41 Quid Ave Woodbury

Duration of Residence in Baltimore. 11 months B99400

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH Nov 2 1892

AGE 14 years, 4 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Howard Co

FULL NAME OF FATHER William Sakers

BIRTHPLACE OF FATHER (State or country) Howard Co

MAIDEN NAME OF MOTHER Ellen Johnson

BIRTHPLACE OF MOTHER (State or country) Montgomery Co

OCCUPATION OF DECEASED Mill Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant William Sakers (Father)

(Address 41 Quid Ave Woodbury

Filed 3/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19. 1907

I HEREBY CERTIFY, That I attended deceased from March 7 1907 to March 19 1907 that I last saw h er alive on March 19 1907 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 12 DAYS

Con ributory (Primary)

(DURATION) DAYS

(Signed) D V Smith M.D.

Address 206 - 3rd Ave

Date March 20 1907

Place of Burial St. Mary's Hampden

Date March 21 1907

Undertaker Wm E Chenoweth & Son

Address 919 - Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 12 Washington St annex Registered No. B

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] St.; 9 Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gerhard Dohrmann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Dec (Month) 31 (Day) 1905 (Year)

AGE: 1 years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Gerhard W Dohrman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilhelmina C Bahr

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gerhard W Dohrmann

(Address) 12 Washington st

Filed 3/21 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 20th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 6 1907 to March 20 1907

that I last saw h im alive on March 20th 1907,

and that death occurred, on the date stated above, at 9 45 M. The CAUSE OF DEATH was as follows:

Diphtheria Laryngeal

5 days. (DURATION) DAYS

Contributory Broncho Pneumonia

~~days~~. (DURATION) 10 DAYS

(Signed) Th J Strickler Jr. M. D.

March 21 1907 (Address) 811 Gaunch ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Jerusalem Lutheran Cem

DATE OF BURIAL: Mar 21st 1907

UNDERTAKER: Geo Schaldwing & Son

ADDRESS: 1126 E M

WM. J. C. DULANY CO., BALTIMORE.

3½ P M.

tracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **enty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

Place of Death.) No. 1824 Fairmount Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M Johnson

{Residence, if in Baltimore, Give Street and Number.} 1824 Fairmount Av

Duration of Residence in Baltimore. 80 Yrs B99403

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	Sept 26 1826
AGE	80 years, 6 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Aquilla Johnson
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aquilla Johnson

(Address) 1824 Fairmount Av

Filed 3/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1907

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to Feb 21 1907 that I last saw him alive on March 20 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate

Facial Erysipelas

(DURATION) 7 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. H. Lurk M.D.

Address 2111 E. Baltimore St

Date Mar 21 1907

Place of Burial Balto Cemetery

Date Mar 24 1907

Undertaker J. E. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9102

City of Baltimore, (No. 1311 E. North ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jasper Newton McCauley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 9 (Month) — 28 (Day) — 1877 (Year)

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jasper McCauley

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: do not know

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fahey

(Address) 1232 Hillman

Filed 3 21 1907 HARRY G. [illegible] PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 5 1907 to Mar 19 1907 that I last saw him alive on Mar 19 1907, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 1 ~~Yrs~~ mo

Contributory Anhemia

(DURATION) — DAYS

(Signed) William E. Burton M. D.

Mar 20 1907 (Address) 762 Dolphin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem — DATE OF BURIAL: 3-22-1907

UNDERTAKER: John J Fahey — ADDRESS: 1232 Hillman

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles A Amerine

{Residence, if in Baltimore, Give Street and Number.} 2013 Ashland Ave

Duration of Residence in Baltimore. Life B99404

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 2 1898

AGE: 0 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Amerine

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Emma Kummer

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Charles A Amerine

Address: 2013 Ashland Ave

Filed 3/21 1907 HARRY G. KNOWLES PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 20 1907

I HEREBY CERTIFY, That I attended deceased from March 2d 1907 to March 20 1907

that I last saw h alive on March 20 1907

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

(DURATION) 3 DAYS

Con'tributory (Primary.) Acute Appendicitis Ruptured (DURATION) 7 DAYS

(Signed) Harvey B. Stone M.D.

Address Johns Hopkins Hospital

Date March 20 1907

Place of Burial Mt. Carmel Cem.

Date 3/23/07 190

Undertaker J. Herring & Son

Address 2008 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 347 Elm Ave (Hampden) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence V. Shanck

{Residence, if in Baltimore, Give Street and Number.} 347 Elm Ave (Hampden)

Duration of Residence in Baltimore 26 Years B99405

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Nov 3 1863

AGE 43 years, 4 mont's, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Jas. F Aubin

BIRTHPLACE OF FATHER (State or country) Balt Co Md

MAIDEN NAME OF MOTHER Susan Kimes

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John F Shanck

Address 347 Elm Ave

Filed 3/21 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 19 1907

I HEREBY CERTIFY, That I attended deceased from Mch 13 1907 to Mch 19 1907 that I last saw her alive on Mch 19 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia + Collapse

(DURATION) 7 DAYS

Contributory (Primary) Phthisis (DURATION) Unknown DAYS

Pulmonalis

(Signed) Wm F Feldman M.D.

Address 800 1st Ave

Date Mch 20th 1907

Place of Burial Parkton Md

Date Mar 22 1907

Undertaker F. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Joseph Hall

{ Residence, if in Baltimore, Give Street and Number. } 1523 Tennessee St

Duration of Residence in Baltimore. 7,

B 9407

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 32 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Pretaker	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Hall

(Address) 1523 Tennessee St

Filed 3/21/07 MARY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 20 1907

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to March 21 1907

that I last saw h... alive on March 20 1907

and that death occurred, on the date stated above, at 1205 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date March 22 1907

Place of Burial Baltimore

Date March 23 1907

Undertaker Wm. Cadd

Address 1002 E. Madison St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1229 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth A. McNulty

{Residence, if in Baltimore, Give Street and Number.} 1229 N Broadway

Duration of Residence in Baltimore.

B99406

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 19th 1907

AGE: 91 years, ... months, 8 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm Bainer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Staiger

BIRTHPLACE OF MOTHER (State or country): Penn

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos F. McNulty

(Address) Hoffman & Cambridge

Filed 5/21/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 19 1907

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to March 18 1907 that I last saw h[illegible] alive on March 18 1907, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) Wm C. J. Riley M.D.

Address 1639 N. Broadway

Date March 19 1907

Place of Burial Cathedral Cemetery

Date March 22 1907

Undertaker Henry W. Mears & Son

Address 805 N Calvert St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person asel, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 Madison St. Hospital

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Charles Allen Meyers

{ Residence, if in Baltimore, Give Street and Number. } 16 Madison St

Duration of Residence in Baltimore. Life

B99408

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 14th 1906

AGE: 1 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Meyers

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Julia Jones

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Meyers

(Address) 16 Madison St.

Filed 3/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 19th 1907

I HEREBY CERTIFY, That I attended deceased from March 5th 1907 to March 19th 1907

that I last saw h alive on March 19th 1907,

and that death occurred, on the date stated above, at 4:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia + asphyxiation

(DURATION) 2 DAYS

Contributory (Primary.) Bronchopneumonia (DURATION) 11 DAYS

(Signed) Hamilton M Brown M.D.

Address 66 S Grouch Ave

Date March 19th 1907

Place of Burial: Greenmount, Com.

Date: MAR 22 1907 190

Undertaker: Chas. O. Fry

Address: 227 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr Louis Rosenour.

{ Residence, if in Baltimore, Give Street and Number. } Hebrew Home.

Duration of Residence in Baltimore. 7 yrs.

B9940

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Abraham Rosenour

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Rabbi

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. B. Rosenour

(Address) 217 Collington Ave.

Filed 3/21 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 21 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to Mar 21 1907

that I last saw h[illegible] alive on Mar 21 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

Contributory (Primary.) Chronic nephritis (DURATION) 5 DAYS

(DURATION) — DAYS

(Signed) Chas. Bagley M.D.

Address Hebrew Hospital

Date Mar. 21 1907

Place of Burial Fells Point. Hebrew

Date Mar 22 1907

Undertaker Jacob Thurner & Co

Address 754 N Eutaw

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

21

(Place of Death.) No. 900 Hardens Ct. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H. Lomack.

{ Residence, if in Baltimore, Give Street and Number. } 900 Hardens Ct.

Duration of Residence in Baltimore. Life. B99410

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	Colrd

DATE OF BIRTH .....1.....

AGE 25 years, ~ months, ~ days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~ Single

BIRTHPLACE (State or country) Bal

FULL NAME OF FATHER James Lomack

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Hester Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Lomack

(Address) 900 Hardens Ct

Filed 3/21 1907

COUNTY C. AUDITOR. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1 1907 to March 18 1907, that I last saw him alive on Mch 18 1907, and that death occurred, on the date stated above, at 4.30 P M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis.

(DURATION) ~ DAYS

Contributory (Primary.)

(DURATION) ~ DAYS

(Signed) J. Edwin Smith M.D.

Address 528 Hanover St.

Date March 19 1907

Place of Burial Mt Auburn cemetery

Date March 21 1907

Undertaker John H Faidley

Address 142 N Bill St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Valentine

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime B99411

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	C.

DATE OF BIRTH Feb 14 1907

AGE ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. A. Asy

Filed 3/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20th 1907

I HEREBY CERTIFY, That I attended deceased from March 12 1907 to March 17th 1907

that I last saw h.. alive on March 11 1907,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 25 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fraher M.D.

Address G. E. Battle Md.

Date March 20th 1907

Place of Burial New Cathedral

Date Mar 21st 1907

Undertaker Wagner Pelham & Lowe

Address 120 Fayette East

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ronald Norman Kohler

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inft. Asy.

Duration of Residence in Baltimore. Lifetime B99412

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W
DATE OF BIRTH	Jan 11 1907
AGE	years, 2 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 3/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19th 1907

I HEREBY CERTIFY, That I attended deceased from March 19 1907 to March 19th 1907

that I last saw h alive on March 19 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fuller M.D.

Address S. E. Baltimore

Date March 20th 1907

Place of Burial Mt. Calvary

Date 1907

Undertaker Hartig Bros. Co.

Address 1 E. Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

15

Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Zelia Ashford

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inft. Asylum.

Duration of Residence in Baltimore. Lifetime B99413

PERSONAL AND STATISTICAL PARTICULARS

SEX f | COLOR B

DATE OF BIRTH Jan 2 1907

AGE ..... years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) M. L. Clay -

Filed 3/21/07 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20th 1907

I HEREBY CERTIFY, That I attended deceased from March 14th 1907 to March 19th 1907

that I last saw h alive on " 1907,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Malnutrition

Debility -

(DURATION) 20 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fisher M.D.

Address 7. E. Biddle St

Date March 20th 1907

Place of Burial New Cathedral

Date March 21st 1907

Undertaker Wm. Zebley & Son

Address 16 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore Linn

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf: Asy.

Duration of Residence in Baltimore. Lifetime. B99414

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	Feb 2nd 1907
AGE	....years, 1 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant .....

(Address) St. V. A. Asy.

Filed 3/21 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1907

I HEREBY CERTIFY, That I attended deceased from March 12 1907 to March 19 1907

that I last saw h alive on March 11 1907,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 25 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J S Franke M.D.

Address 9. E. Biddle St

Date March 19 1907

Place of Burial Mt Calvary

Date Mar 21 St 1907

Undertaker Weyforth Bros

Address 806 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE

And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1719 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franzis Lisiezke

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time 899415

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: April 2nd 1906

AGE: ..... years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Ludwick Lisiezki

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Julia Gromazka

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ludwick Lisiezki

(Address) 1719 Thames St

Filed 3/21/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 21 1907

I HEREBY CERTIFY, That I attended deceased from March 10 1907 to March 11 1907 that I last saw h alive on March 11 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis (DURATION) 2 DAYS

Contributory (Primary.)

Spasm (DURATION) 1 DAYS

(Signed) S. J. Szumalski M.D.

Address 922 S. Ann

Date March 24 1907

Place of Burial St Stanislaus

Date Friday March 22 1907

Undertaker M. J. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

105

Place of Death.) No. 812 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Pruchnicuska

{ Residence, if in Baltimore, Give Street and Number. } = 812 S. Ann St.

Duration of Residence in Baltimore. Life-time

B 99 916

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Felix Pruchnicwski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Antonia Kaczmarska

BIRTHPLACE OF MOTHER (State or country): Baltimore. ~~Germany~~

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Informant: Pruchnicwski

Address: 812 S. Ann St

Filed 3/21 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 21 1907

I HEREBY CERTIFY, That I attended deceased from March 19 1907 to March 21 1907 that I last saw her alive on March 20 1907, and that death occurred, on the date stated above, at 12½ A.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Riebberger M.D.

Address #1709 Alice Anna St.

Date March 21 1907

Place of Burial St Stanislaus.

Date March 22 " 1907

Undertaker M F. Sadowski

Address 703 ~~Patterson Pk~~ S. Ann

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

28

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leon Dogwile

{ Residence, if in Baltimore, Give Street and Number. } 522 S Caroll St

Duration of Residence in Baltimore. Life

B9947

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: April 28 1901

AGE: 5 years, 10 months, 25 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Paul Dogwile

BIRTHPLACE OF FATHER (State or country): Europe

MAIDEN NAME OF MOTHER: Sophie Fisher

BIRTHPLACE OF MOTHER (State or country): Europe

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Esther Dogwile (Mother)

Address 522 S Castle St

Filed 3/21 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 20 1907

I HEREBY CERTIFY, That I attended deceased from March 4 1907 to March 20 1907

that I last saw him alive on March 20 1907

and that death occurred, on the date stated above, at 6 30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Meningitis - tuberculous (?)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date March 21 1907

Place of Burial Holy Rosary Cem

Date March 23rd 1907

Undertaker M. F. Dudowski

Address 703 S. Ann St

will remove to 522 S. Castle St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATIS

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 1621 Vincent St.; Ward) Registered No. B 9918

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marguete Erma Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: August (Month) 8 (Day) 1903 (Year)

AGE: 4 years, 7 months, 19 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William Brown

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lydia Mason

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lydia Mason

(Address) 1621 Vincent

Filed 190

HARRY O. ANDREWS, PERRY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to March 19 1907 that I last saw h alive on March 19 1907, and that death occurred, on the date stated above, at 12.50 P. M. The CAUSE OF DEATH was as follows:

Pneumonia (DURATION) 5 DAYS

Contributory Exhaustion & heart — (DURATION) DAYS

(Signed) Clandestine Cephus M. D.

3/19 1907 (Address) 1625 Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Mar 21 1907

UNDERTAKER: [illegible]

ADDRESS: [illegible]

WM. J. C. DULANY CO., BALTIMORE

racts from Regulations of the Board of Health to se

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **enty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 621 Jasper St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Hezekiah Henson

{Residence, if in Baltimore, Give Street and Number.} 621 Jasper St

Duration of Residence in Baltimore. 20 yrs

B 99419

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male.	Colored

DATE OF BIRTH: Unknown 1

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Henson

(Address) 621 Jasper St

Filed 3/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 20th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

died Instantly (DURATION) DAYS

Con'tributory (Primary.) ...

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave. (Comm.)

Date Mar. 20th 1907

Place of Burial Laurel Cemetery

Date March 22 1907

Undertaker John H Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 136 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Dunnock

{ Residence, if in Baltimore, Give Street and Number. } 136 S. Ann St

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 20th 1907

AGE: — years, — months, 5 Hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Dunnock

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mae Cole

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dunnock

(Address) 136 S. Ann St

Filed 3/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1907

I HEREBY CERTIFY, That I attended deceased from March 20 1907 to March 21 1907 that I last saw him alive on March 21 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(DURATION) 4hrs DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. C. Rusk M.D.

Address 2008 Bank St.

Date March 21 1907

Place of Burial Oak Lawn Cemetery

Date March 21st 1907

Undertaker [illegible]

Address

WM. J. C. DULANY CO., BALTIMORE

92

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. John Cromwell

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

B99421

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 27 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lamar Hollyday, Supt.
(Informant)

BAY VIEW ASYLUM.
(Address)

Filed 3/21 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 19. 1907

I HEREBY CERTIFY, That I attended deceased from March 13. 1907 to March 19. 1907 that I last saw h[illegible] alive on March 18 1907 at 3.00 a. m. and that death occurred, on the date stated above, at [illegible] a. m. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

(DURATION) 5 DAYS

Con tributory (Primary.) Malaria

Pneumonia (DURATION) 2yrs

(Signed) H. M. Downey M.D.

Address Bay View Asylum

Date March 19. 1907

Place of Burial Sacred Heart

Date March 21 1907

Undertaker Evans & Spence

Address 1187 & 1120 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99422

City of Baltimore, (No. 710 Monroe St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Werner Kroneke

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH ..... (Month) ..... (Day) 1829 Year

AGE 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Westphalia (Germany)

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Kroneke

(Address) 710 W Monroe St

Filed 3/21 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ~~190~~ 1895 to Mar 21st 1907

that I last saw h wife alive on Mar 20 1907,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Exhaustion - septic infection from Prostatic fistula which became malignant - (DURATION) 1 week DAYS

Contributory Enlarged Prostate & stricture urethra (DURATION) 15 ~~200~~ DAYS

(Signed) Chas Rowlens M. D.

Mar 21 190 7 (Address) 1204 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	3/21 190 7
UNDERTAKER	ADDRESS
Wm J Schilling	98 Poplar Lane

WM. J. C. DULANY CO., BALTIMORE.

acts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***ty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1391 Waterst St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Carl Handy

{Residence, if in Baltimore, Give Street and Number.} 1391 Waterst St

Duration of Residence in Baltimore. Life

B9943

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: November 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Samuel Handy

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Amelia Johnson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Amelia Handy

(Address) 1391 Whatcoat St

Filed 3/21 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 20th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

Con sumption (DURATION) ..... DAYS

Con tributory (Primary.)

(DURATION) ..... DAYS

(Signed) Otis Baltimore M.D.

Address 20 Linf. Av. Canton

Date March 21st 1907

Place of Burial Cathedral Cemetery

Date March 21st 1907

Undertaker Edmonson & Conklin

Address 1364 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

36

CERTIFICATE OF DEATH.

Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Finnerty

{ *Residence, if in Baltimore, Give Street and Number.* } 1104 Hanover Stree

Duration of Residence in Baltimore. Life. B99424

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH 1

AGE 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Michael Finnerty

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Boiler Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lamar Hollyday, Supt.
(Informant)

BAY VIEW ASYLUM.
(Address)

Filed 3/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1907

I HEREBY CERTIFY, That I attended deceased from Feb 19 1907 to March 20 1907 that I last saw h alive on March 20 1907, and that death occurred, on the date stated above, at 240 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

Phlebitis of Right leg.

(DURATION) DAYS

Contributory (Primary) Tertiary Syphilis (DURATION) DAYS

(Signed) R R Konk M.D.

Address Bay View Hospital

Date March 20 1907

Place of Burial Cathedral Cemetery

Date March 23. 07 1907.

Undertaker Daniel mcg. Maynard & Hynes

Address 42. East West Street

CERTIFICATE OF DEATH.

(Place of Death.) No. 1237 Jefferson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William McPherson

{Residence, if in Baltimore, Give Street and Number.} 1237 Jefferson St

Duration of Residence in Baltimore. 899425

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 20 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 215 M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonales Tuberc

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] Coroner

Address

Date Mar 20 1907

Place of Burial UNIVERSITY OF MARYLAN

Date MAR 21 1907

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

102

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lennie B. Atkinson

{Residence, if in Baltimore, Give Street and Number.} 706 Light St.

Duration of Residence in Baltimore. Life

B9942G

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH March 17 1898

AGE 9 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) West Baltimore

FULL NAME OF FATHER Robt L Atkinson

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Jennie Cornell

BIRTHPLACE OF MOTHER (State or country) France

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt L Atkinson Father

Address 706 Light St

Filed 3/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 - 1907

I HEREBY CERTIFY, That I attended deceased from Mch. 11 1907 to Mch. 20 1907

that I last saw her alive on Mch. 20 1907 7.30

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock & Hemorrhage

following Operation

Mch. 20 - 07.

DURATION DAYS

Contributory (Primary) Pneumonia

DURATION DAYS

(Signed) H. L. Dorsey M.D.

Address City Hospital

Date March 20 1907

Place of Burial LOUDON PARK

Date MAR 23 1907 1907

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1424 E. Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Hamilton

{Residence, if in Baltimore, Give Street and Number.} 1424 E Federal St

Duration of Residence in Baltimore. 40 years B9927

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ——— 1840

AGE: 66 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thos H. Riley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Adams

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Hamilton

(Address) 1424 Federal st.

Filed 3/21 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 19th 1907

I HEREBY CERTIFY, That I attended deceased from March 16th 1907 to March 19th 1907 that I last saw h[er] alive on March 19th 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate) Acute Nephritis

(DURATION) —— DAYS

Contributory (Primary.) ——

(DURATION) —— DAYS

(Signed) Jefferson Brack M.D.

Address 2544 St. Paul St

Date March 19th 1907

Place of Burial London Park

Date March 22 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death**.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B 99428

City of Baltimore, (No. 412 N. Front St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harris Isles Stevenson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 15 (Month) (Day) 1906 (Year)

AGE: 1 years, 1 months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jos. Stevenson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Edna Isbik

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 412 N. Front St

Filed 3/22 1907

HARRY O. ANDREWS,
PERMIT CLERK
Registrar

H. C. M. C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 20 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 16 1907 to March 19 1907 that I last saw him alive on March 19 1907, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Broncho - Pneumonia

(DURATION) 10 DAYS

Contributory Lack of care

(DURATION) DAYS

(Signed) A. Palmisano M. D.

March 20 1907 (Address) 224 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Middleburg Md	March 22 1907
UNDERTAKER	ADDRESS
H. E. Pitchfield	914 Greenmount Av

C. H. CULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ of Maryland Hosp - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Fruyn

{ Residence, if in Baltimore, Give Street and Number. } 225 N. Schroeder

Duration of Residence in Baltimore. Part of life B 99428

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Conrad Fruyn

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fruyn

(Address) 251 N. Schroeder St

Filed Mch 22 1907 HARRY D. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1907

I HEREBY CERTIFY, That I attended deceased from As Known 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Abscess, Caused by injury to knee of left foot, 10 days

Lasting one Hour on

March 5. 07 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilbert M.D.

Address 211 W. Lanvale

Date 3, 21 1907

Place of Burial London Park

Date March 24 1907

Undertaker H. C. Brauning

Address 5 S. Eppleton St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1132 Block St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria. E. Groth

{ Residence, if in Baltimore, Give Street and Number. } 1132 Block St

Duration of Residence in Baltimore. Life

899430

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 25 1906

AGE: ..... years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Albert Groth

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Augusta B. Konig

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mr A. Groth

(Address 1132 ~~South~~ Block St.

Filed 3/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 17 1907 to Mar 20 1907 that I last saw her alive on Mar 20 1907 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis (Cerebro Spinal)

(DURATION) 40(?) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date Mar. 21, 1907

Place of Burial 1st German Cem

Date Mar 22nd 1907

Undertaker H Nicolaus & Son

Address 1820 Danton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 707 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Wintering

{ Residence, if in Baltimore, Give Street and Number. } 707 S. Ann St

Duration of Residence in Baltimore. B99431

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 79 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Pretsch

(Address) 707 S. Ann St

Filed 3/22 1907

HARRY C. ANDREWS.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1907

I HEREBY CERTIFY, That I attended deceased from March 17 1907 to March 19 1907 that I last saw her alive on March 19 1907 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Emphysema of Lungs
Arteriosclerosis

(DURATION) — DAYS

Con'tributory (Primary) Cardiac failure

(DURATION) — DAYS

(Signed) John Roth M.D.

Address 1907 Eastern Ave

Date March 20" 1907

Place of Burial St Germain Cem

Date Mar 22nd 1907

Undertaker St Nicolaus & Son

Address 1820 Eaton Ave

WM. J. C. DULANY CO., BALTIMORE

(Place of Death.) No. 422 E. North Ave St. If Death occurred in Hospital or institution, give its Name instead of Street and Number

Full Name Patrick Scanlan.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. Life

B9943

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH .....1.....

AGE 8 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Patrick Scanlan

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mary A. Scanlan

(Address) 545 E. 33rd St.

Filed 3/22 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1907

I HEREBY CERTIFY, That I attended deceased from .....1900 to 1900

that I last saw h ..... alive on 1900

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate

Asphyxiation, Accidentally Gas. (Suicide)

..... (DURATION) DAYS

Contributory (Primary.)

..... (DURATION) DAYS

(Signed) Chester Smallwood M.D.

Address 1918 E. Chas. St.

Date March 21 1907

Place of Burial Bonnie Brae

Date Mar 23, 1907

Undertaker William Orr

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person seed, and the **cause and date of death**.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99433

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 901, Fremont St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Sarah Rice

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH (Month) (Day) (Year)	— — 1847
AGE	60 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	John Rice
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Sarah Quinn
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget A Quigley

(Address) 901 Fremont St

Filed 3/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March — 20 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 15 1907 to March 20 1907 that I last saw her alive on March 20 1907, and that death occurred, on the date stated above, at 11.20 P. M. The CAUSE OF DEATH was as follows:

Acute Lobar Pneumonia

Chronic Nephritis (Interstitial) (DURATION) 3 DAYS

Contributory Asthenia (DURATION) 3 DAYS

(Signed) H. G. Beck M. D.

March 21 1907 (Address) 214 E Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at Place of Death?

St Mary's Cemetery Catonsville

DATE OF BURIAL March 23 1907

UNDERTAKER Wm Cook

ADDRESS 502 E Monument

WM. J. C. DULANY CO., BALTIMORE

Registered No. B 99434

99434
151

CERTIFICATE OF DEATH.

(Place of Death.) No. 830 Longe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lauren Poulson

{Residence, if in Baltimore, Give Street and Number.} 830 Longe st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Feby. 21 st 1907	
AGE: ....years, ...months, 27 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: Richard Poulson	
BIRTHPLACE OF FATHER (State or country): Balto	
MAIDEN NAME OF MOTHER: Fannie Haugan	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Poulson

(Address) 830 Longe st

Filed 3/22 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 21 st 1907

I HEREBY CERTIFY, That I attended deceased from ....1900 to 1900

that I last saw h.... alive on ....1900....

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

(DURATION) ....DAYS

Con'tributory (Primary.)

(DURATION) ....DAYS

(Signed) Wm. Baldwin M.D.

Address 700 Eas. Av. (Brown)

Date March 21 st 1907

Place of Burial Mt Auburn Cemetery

Date Mch 23 - 1907

Undertaker Alex. Hemsley

Address 578 N. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2930 Elliott St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick L. Moran

{Residence, if in Baltimore, Give Street and Number.} 2930 Elliott St.

Duration of Residence in Baltimore. Life

B99435

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 9th 1878

AGE: 29 years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Moran

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Maria Leonard

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Telegraph Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Germanus Thance

(Address) 1 Dan'y & Wolfe Sts.

Filed 3/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March. 21 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 2nd 1907 to March 21 1907 that I last saw him alive on March 20 1907, and that death occurred, on the date stated above, at 5:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis (DURATION) 7 mos DAYS

Contributory (Primary.)

Uremia (DURATION) 7 DAYS

(Signed) M. J. McCurdy M.D.

Address 829 S. Carlton St.

Date March 21st 1907.

Place of Burial St. Patricks Cemetery

Date March 25th 1907

Undertaker Germanus Thance

Address 1 Dan'y & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 3027 Elliott St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Feeley B99136

{Residence, if in Baltimore, Give Street and Number.} 3027 Elliott St.

Duration of Residence in Baltimore. about 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 1867

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Co Md

FULL NAME OF FATHER: Timothy Feeley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Tracy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Feeley

(Address) 3027 Elliott St.

Filed 3/22/07 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1907

I HEREBY CERTIFY, That I attended deceased from March 18th 190 to March 20 190

that I last saw him alive on March 20 190

and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 5 DAYS

Contributory (Primary) Cardiac Paralysis (DURATION) DAYS

(Signed) M. J. McAuley M.D.

Address 839 S. Eutaw St.

Date Mch. 21st 190

Place of Burial Texas Baltimore Co.

Date March 23rd 1907

Undertaker Germanus France

Address 1819 & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 618 Warner St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ruth. M. Lang

{Residence, if in Baltimore, Give Street and Number.} 618 Warner "

Duration of Residence in Baltimore..... Life time B99457

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: August 28 1904

AGE: 2 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward. W. Lang

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Alice. R. Lloyd

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward W Lang

(Address) 618 Warner St.

Filed 3/22 1907 HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1907

I HEREBY CERTIFY, That I attended deceased from Febry. 15 1907 to March 20 1907 that I last saw h— alive on March 20 1907, and that death occurred, on the date stated above, at 9.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Meningitis

(DURATION) 30 DAYS

Contributory (Primary.) Apthemia

(DURATION) 5 DAYS

(Signed) R. A. Warner M.D.

Address 875 N. Lombard

Date March 21 1907

Place of Burial Mt Olivet Cem

Date March 23 1907

Undertaker Jos. Joerdens, Son

Address 217 S. Paca "

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

99466

43

CERTIFICATE OF DEATH.

Place of Death.) No. 232 N. Mount st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth B. Berry

{ Residence, if in Baltimore, Give Street and Number. } 232 N. Mount st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 22 nd 1856

AGE 50 years, 5 months, 30 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ Widow

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Henry Thomas

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Leah Sounder

BIRTHPLACE OF MOTHER (State or country) Philadelphia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Leah Thomas

(Address) 1215 E Madison st

Filed 3/22 1907 HARRY J. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 21st 1907

I HEREBY CERTIFY, That I attended deceased from Mch 3 1907 to Mch 21st 1907

that I last saw h[illegible] alive on Mch 20 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis complicating Cancer of Breast

(DURATION) Not Known

Contributory (Primary.) General Dropsy

& Anaemia (DURATION) 18 DAYS

(Signed) Henry C. Ree M.D.

Address 1203 W. Fayette St

Date Mch 21 - 1907

Place of Burial London Park Cemetery

Date March 24th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 99439 Registered No. B

CERTIFICATE OF DEATH.

99439 ✓ 27

(Place of Death.) No. 426 E Biddle st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara A Kohl

{Residence, if in Baltimore, Give Street and Number.} 426 E Biddle st

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 10th 1860

AGE: 46 years, 4 months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Harrisburg Pa

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertie A Kohl

(Address) 426 E Biddle st

Filed 3/22 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Mch 1907

that I last saw her alive on Mch 19 1907,

and that death occurred, on the date stated above, at 6.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 2 yrs DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Albert F. Corner M.D.

Address 1533 John st

Date March 21 1907

Place of Burial London Park Cemetery

Date March 23rd 1907

Undertakers George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 205 N. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Pinkas

{Residence, if in Baltimore, Give Street and Number.} 205 N. Montford Ave

Duration of Residence in Baltimore. Life B99478

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 21 1878

AGE: 28 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: V. Pinkas

BIRTHPLACE OF FATHER (State or country): Bohimia

MAIDEN NAME OF MOTHER: Louisa Rubeneck

BIRTHPLACE OF MOTHER (State or country): Bohimia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant V. Pinkas

(Address) 205 N. Montford Ave

Filed 3/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to March 21 1907 that I last saw him alive on March 18 1907 and that death occurred, on the date stated above, at 9.30 P. M.

CAUSES OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

6 months (DURATION) DAYS

Contributory (Primary) Cardiac Asthenia

(DURATION) DAYS

(Signed) Samuel J. King M.D.

Address 718 N. Patterson Park Ave

Date March 22 1907

Place of Burial Bohemian National Cemetery

Date March 23rd 1907

Undertaker Christian Miller

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 635 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Stroh

{ Residence, if in Baltimore, Give Street and Number. } 635 N. Patterson Park Ave

Duration of Residence in Baltimore. Life B99411

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 20th 1907

AGE: ..... years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: George Stroh

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Maggie Prieger

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant George Stroh

Address 635 N. Patterson Park Ave

Filed 3/22 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21st 1907

I HEREBY CERTIFY, That I attended deceased from March 18 1907 to March 21 1907

that I last saw h... alive on March 21 1907,

and that death occurred, on the date stated above, at 7.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Starvation

(DURATION) 3 DAYS

Contributory (Primary) Marasmus

(DURATION) Long time DAYS

(Signed) Geo. C. Blades M.D.
Pierre W. Dausc

Address 121 Patterson Square

Date March 22 1907

Place of Burial Emmanuel Cemetery

Date March 22nd 1907

Undertaker Christian Miller,

Address 2234 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE

Registered No. B 1760

CERTIFICATE OF DEATH.

(Place of Death.) No. 5~5~0 Robert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dept of Wm. & Hattie Swann

{Residence, if in Baltimore, Give Street and Number.} 5-6-0 Robert St

Duration of Residence in Baltimore. Life

899442

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: Sept 20th 1906	
AGE: ..... years, 6 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: Wm Swann	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Hattie Hearn	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Swann

(Address) 5-5-0 Robert St

Filed 3/22 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Suffocated accidentally in bed

Acute Intestinal (DURATION) DAYS

Con'tributory (Primary.) Accident

(DURATION) DAYS

(Signed) Oscar Baldwin M.D.

Address 710 Log. av. (Etowan)

Date March 21 st 1907

Place of Burial Mt Auburn

Date March 23rd 1907

Undertaker Clarence E Wright

Address 1364 N Gay Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 20 E. Church Street St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Elijah Porter

{Residence, if in Baltimore, Give Street and Number.} 20 E. Church Street.

Duration of Residence in Baltimore 16 years. B99143

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: March 1878.

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): North Carolina.

FULL NAME OF FATHER: Daniel Garrat.

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Ellen F. Porter.

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Porter

(Address) 131 W. Hamburg St.

Filed 3/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 20, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 21 1905 to June 21 1906

that I last saw him alive on June 21 1906

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate

Cause of death was probably Pulmonary Tuberculosis. But patient has not visited Phipps Dispensary since June 1906 (DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Wallman M.D.

Address 129 N. Broadway (J. H. H. Dept.)

Date Mar 22 1907

Place of Burial Mt. auburn Cem.

Date March 22 1907

Undertaker John H. Toadvine

Address 942 W. Hill St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99141

City of Baltimore, (No. 613 N Mount, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie B Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1 (Year)

AGE: 32 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Frederick Co Md

FULL NAME OF FATHER: Edmund Purdem

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Martha J Clay

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E Jones

(Address) 613 N Mount St

Filed 3/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 10 1907 to 21 1907 that I last saw h— alive on 21 1907, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

The direct
1 Pneumonia

(DURATION) 9 DAYS

Contributory Asthma

(DURATION) DAYS

(Signed) R L Downs M. D.

March 7 1907 (Address) 901 N. Fre

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Bartholomew Md

DATE OF BURIAL: March 23 1907

UNDERTAKER: Meak Co.

ADDRESS: 502 E North Ave

Wm Cook

Ward ..... Registered No. B 99445

99445

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret ~~Lemmb~~ Piersaul

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. 8 mos.

B 99445

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh.

DATE OF BIRTH: 1899

AGE: 8 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Mississippi

FULL NAME OF FATHER: Thomas. Piersaul

BIRTHPLACE OF FATHER (State or country): Mississippi

MAIDEN NAME OF MOTHER: Ella Davis

BIRTHPLACE OF MOTHER (State or country): Mississippi

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Maligned

(Address) St Elizabeths Home

Filed 3/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 21 1907

I HEREBY CERTIFY, That I attended deceased from March 7 1907 to March 21 1907 that I last saw h[er] alive on Mar. 21 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Oedema of brain

(DURATION) 1 DAYS

Contributory (Primary.) Meningitis (Serific)

(DURATION) 14 DAYS

(Signed) Alexius McGlannan M.D.

Address 200 Madison Ave

Date March 21 1907

Place of Burial New Cathedral Cemetery

Date March 22 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 99946

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 532 Caroline Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence Booth

{Residence, if in Baltimore, Give Street and Number.} 532 Caroline Alley

Duration of Residence in Baltimore. Life

B 99946

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1897

AGE 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Thomas Forester

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Lottie Booth

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED (Rien) Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie Booth

(Address) 532 Caroline Alley

Filed 3/22 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1907

I HEREBY CERTIFY, That I attended deceased from March 16 1907 to March 20 1907 that I last saw h.r alive on March 20 1907, and that death occurred, on the date stated above, at 4 p.m. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

Three days (DURATION) DAYS

Contributory (Primary.) Exposure

(DURATION) DAYS

(Signed) Edw. Wheatley M.D.

Address 1220 Dillwyn

Date March 21 1907

Place of Burial Mt Auburn Cemetery

Date March 23 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

CERTIFICATE OF DEATH.

(Place of Death.) No. 2049 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph E. Lease

{ Residence, if in Baltimore, Give Street and Number. } 2049 Hanover St

Duration of Residence in Baltimore. 1 year B99447

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Aug 13" 1905

AGE 1 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER David E. Lease

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary J Hahn

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David E. Lease

(Address) 2049 Hanover St.

Filed 3/22 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 22 1907

I HEREBY CERTIFY, That I attended deceased from Mar 17 1906 to Mar 22 1907

that I last saw h~~im~~ alive on Mar 22 1907,

and that death occurred, on the date stated above, at 12.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hamtoad

(DURATION) 5 DAYS

Contributory (Primary.) Whooping Cough (DURATION) Indefinite DAYS

(Signed) W E L Campbell M.D.

Address 1644 Hanover St

Date Mar 22 1907

Place of Burial Holy Cross A.A.Co.

Date March 23 1907

Undertaker Jos. Stumbeck

Address 1518 Light St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 9948 — Registered No. B

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1353 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. H. Bright

{Residence, if in Baltimore, Give Street and Number.} 1353 N. Calhoun St.

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Col

DATE OF BIRTH ..... 1[illegible]

AGE 88 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Montgomery Co. Md

FULL NAME OF FATHER: Henry Bright

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rachel Bright

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel E. Rodgers

(Address) 1353 N. Calhoun St

Filed 3/22 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 21st, 1907.

I HEREBY CERTIFY, That I attended deceased from Feb. 27th 1907 to Mar. 21st 1907, that I last saw him alive on Mar. 21st 1907, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or immediate)

Grippe

abscess (DURATION) 23 DAYS

Contributory (Primary.) Scrofula (DURATION) DAYS

(Signed) Edwin C. Price M.D.

Address 1012 Madison ave.

Date Mar. 22nd 1907.

Place of Burial Laurel Cem.

Date March 27 1907

Undertaker Sam'l. H. Chase

Address 1011 N. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 9949

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1128 E Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotte Durham

{Residence, if in Baltimore, Give Street and Number.} 1128 E Fort Ave

Duration of Residence in Baltimore. 32 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar 9 1875

AGE: 32 years, 0 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jos Lancaster

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Louise Sheckells

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard Durham

(Address) 1128 E Fort a

Filed 3/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20th 1907

I HEREBY CERTIFY, That I attended deceased from March 14th 1907 to March 20 1907 that I last saw h er alive on March 20 1907, and that death occurred, on the date stated above, at 4.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis

(DURATION) 6 DAYS

Contributory (Primary) Pleurisy + Pneumonia (DURATION) 6 DAYS

(Signed) August Horn M.D.

Address 25 + St Paul Sts.

Date 190

Place of Burial Cedar Hill

Date Mar. 24 1907

Undertaker E J Fanning

Address 460 Baltic ave

WM. J. C. DULANY CO., Baltimore

(☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...PARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99459

City of Baltimore, (No. 210, E. Fort Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Adeline E. Sheckells

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 12 1842 (Month) (Day) (Year)

AGE: 64 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Wilson Hilton

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Not Known.

BIRTHPLACE OF MOTHER (State or country): Marylands

OCCUPATION OF DECEASED: House Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Sheckells

(Address)

Filed 3/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 21 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 17 1907 to Mar 21 1907 that I last saw her alive on Mar 21 1907, and that death occurred, on the date stated above, at 1 A.M. The CAUSE OF DEATH was as follows:

Pleurisy

(DURATION) 4 DAYS

Contributory Pneumonia

(DURATION) 1 DAYS

(Signed) J. H. Grasham M. D.

Mar 21 1907 (Address) 1303 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery | DATE OF BURIAL: Mar 23 1907

UNDERTAKER: E. J. Fanning | ADDRESS: 1116 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

...a from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...TION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of ...sician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ...scertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ... Registered No. B 99452

CERTIFICATE OF DEATH.

Place of Death.) No. 1407 N. Eutaw St. St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name Wm H Brown

{ Residence, if in Baltimore, Give Street and Number. } 1407 N. Eutaw St.

Duration of Residence in Baltimore. 39 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 39 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Brown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen O'Keefe

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Sand Refiner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie E. Brown

(Address) 1407 Eutaw St.

Filed 3/22 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 21 1907

I HEREBY CERTIFY, That I attended deceased from March 16 1907 to March 20 1907

that I last saw him alive on March 20 1907

and that death occurred, on the date stated above, at 7.20 A. M. CAUSE OF DEATH (Secondary or Immediate

Acute Miliary Tuberculosis

(General)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Mitchell Lamson M.D.

Address 1257 N. Broadway

Date March 21 1907

Place of Burial New Cathedral Cemetery

Date March 23rd. 1907

Undertaker Henry Steele Son

Address 130 E. Eager St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

Place of Death.) No. 1500 St. Boyle (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Kaiser

{ Residence, if in Baltimore, Give Street and Number. } 1500 Boyle

Duration of Residence in Baltimore.. 34 yrs B 99451

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 26 186[illegible]

AGE: 45 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bamberg Germany

FULL NAME OF FATHER: John Diem

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Barbara ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily Gin (daughter)

(Address) 1500 Boyle St

Filed 3/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 20 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h[illegible] alive on ——— 190

and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo Wm Embardt M.D.

Address Coroner

Date March 21 1907

Place of Burial Holy Redeemer

Date Mar 23 1907

Undertaker E J Fanning

Address 1460 Battery av

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Register No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 W Hill St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Egan 6.

{ Residence, if in Baltimore, Give Street and Number. } 231 W. Hill St

Duration of Residence in Baltimore. 5 yrs

B9945

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Unknown

AGE: 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Daniel Gantt 6

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Elizabeth Island 6

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Charlotte Brown 6 Sister

Address 1920 Division

Filed 3/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 22 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ..., and that death occurred, on the date stated above, at 330 P.M.

CAUSE OF DEATH (Secondary or Immediate)

1. Uremia

Dropsy

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. H. Eastland M.D.

Coroner

Address

Date March 22 1907

Place of Burial Govern'r's Run Calvert Co Md

Date March 24 1907

Undertaker John H. Toadvine

Address 1424 W. Hill St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 3 E Hughes St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Price

{Residence, if in Baltimore, Give Street and Number.} 3 E Hughes St

Duration of Residence in Baltimore. 2,2 yrs B99459

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH June 15 1866

AGE 39 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Kerr

(Address) 3 E Hughes St

Filed 3/24/07

HARRY C. ANDREWS
PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 10.45 M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Edw M Eskridge M.D.

Address Coroner

Date March 21 1907

Place of Burial Mt. Auburn Cem.

Date March 23 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO. BALTIMORE

Registered No. B 95455

CERTIFICATE OF DEATH.

(Place of Death.) No. 4. 4. Gera St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franciszek Olekszyn

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Oct. 22nd 1806

AGE: — years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Glinsko, Galicy

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): ?x

MAIDEN NAME OF MOTHER: Fozepa Olekszyn

BIRTHPLACE OF MOTHER (State or country): Glinsko

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen G.

(Address) 4. 4. Gera

Filed 3/22 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

E. A. Ladd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 22nd March 1907

I HEREBY CERTIFY, That I attended deceased from 21 March 1907 to 22 March 1907 that I last saw h alive on 22 1907 and that death occurred, on the date stated above, at 1.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

a. Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr H. Kramer M.D.

Address 4. 4. Gera

Date 190

Place of Burial 1st Evangelic

Date March. 23rd 1907

Undertaker H. Lauder & Son

Address 1710 Canton Ave.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 98436

98436

CERTIFICATE OF DEATH.

(Place of Death.) No. N. W. Yera St.

Full Name Ichaine Klopeak

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: March. 22 " 1888

AGE: 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Kischinew Russia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Libbre

(Address) N. W. Yera St

Filed 3/mt 190 7 HARRY G. [illegible] Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 22. March 1907 3 a. m.

I HEREBY CERTIFY, That I attended deceased from 22 March 1907 to 22 March 1907 that I last saw h alive on 21 " 1907, and that death occurred, on the date stated above, at 3 a. m.

M. CAUSE OF DEATH (Secondary or immediate)

Apoplexia.

Contributory (Primary.) (DURATION) DAYS

(DURATION) DAYS

(Signed) Dr H. Kramer M.D.

Address S. E. Sera

Date

Place of Burial Philips Rd Baltimore Co.

Date March 24th 1907

Undertaker H. Sandy & Sons

Address 1710 Eaton Ave.

WM. J. C. DULANY CO., BALTIMORE

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. W. Falls Rd. in North of Bridge (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo W. Irwin

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

B99457

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pennsa

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. J. KilleRoy

(Address) Walbrook Md

Filed Mch 23 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage, from Rabid Lobrowing Artery Neck.

Suicide ..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Austin Luttrell Coroner M.D.

Address 1818 N. Charles

Date March 22 190 7

Place of Burial Woodlawn Cem

Date March 23 1907 190

Undertaker Armstrong & Douglass

Address 715 Light

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9943o

City of Baltimore, (No. 2109 Cromwell St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Beatrice Farelle Dunning

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: July (Month) 14th (Day) 1878 (Year)

AGE: 28 years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James H. Fitzgerald

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Robinson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. & R. Dunning

(Address) 2109 Cromwell St.

Filed Mch 23 1907 — THOS. C. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 21st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1906 to date 1907

that I last saw her alive on March 20th, 1907,

and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH was as follows:

Tuberculosis of the lungs & bowel

5½ month (DURATION) ___ DAYS

Contributory ___ (DURATION) ___ DAYS

(Signed) Robert Hoffman M. D.

March 22nd 1907 (Address) 1325 Park Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ___ How long at Place of Death? ___ Days

Where was disease contracted, if not at place of death? ___

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Mar 23 1907

UNDERTAKER: Wm. J. Schaefer & Son — ADDRESS: 8 E. Front St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 99459 Registered No. B 99459

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 W. Camden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Palmisano.

{Residence, if in Baltimore, Give Street and Number.} 107 W Camden St -

Duration of Residence in Baltimore. Life time -

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ | COLOR White

DATE OF BIRTH Jan 20th 1894

AGE 13 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Joseph Palmisano

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Mary Dimpla

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S Demarco

(Address) 1604 Linden Ave

Filed 3/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3 - 21 - 1907

I HEREBY CERTIFY, That I attended deceased from 3 - 5 - 1907 to 3 - 21 - 1907 that I last saw her alive on 3 - 21 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure -
from toxic absorption

(DURATION) 2 DAYS

Contributory (Primary.) Miliary Tubercu-
losis (DURATION) 4 mo

(Signed) S. Demarco - M.D.

Address 1604 Linden Ave

Date 3 - 22 - 1907

Place of Burial Bonnie Brae Cem

Date March 24th 1907

Undertaker Robt T Turner

Address Broadway and Oliver

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1524

CERTIFICATE OF DEATH.

Registered No. B 99460

City of Baltimore, (No. # 329, S. Fremont St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Piggold

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: V (Month) V (Day) 1840 (Year)

AGE: 67 years, V months, V days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Unknown.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Hopkins

(Address) 329 S. Fremont

Filed 3/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 17 1907 to Mar 21 1907 that I last saw h in alive on Mar 21 1906, and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Senility

..... (DURATION) ..... DAYS

Contributory Hemorrhages. (DURATION) ..... DAYS

(Signed) B. F. Lovick M. D.

Mar 21 1907 (Address) 603 E. Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Translents, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: March 23 1907

UNDERTAKER: Geo H Harper — ADDRESS: 609 E Pratt

Registered No. B 99461

CERTIFICATE OF DEATH.

(Place of Death.) No. 512 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Redemann

{Residence, if in Baltimore, Give Street and Number.} 512 W. Lexington st

Duration of Residence in Baltimore. 61 years 899461

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH July 7th 1

AGE 80 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ Married Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cigar maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Jno. L. Vogt

(Address) 512 W. Lexington.

Filed 3/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 15 1907 to Mar 22 1907 that I last saw him alive on Mar. 22 1907 and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 7 DAYS

Contributory (Primary.) Arterio-Sclerosis (DURATION) DAYS

(Signed) Frank E. Wagner M.D.

Address 2720 Druid Hill Ave

Date March 22nd 1907

Place of Burial Baltimore Cemetery

Date March 24 1907

Undertaker Stewart & Groves Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 99462 Registered No. B 99462

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Benj Belanovek

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR white

DATE OF BIRTH

AGE 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Bond Supt. BAY VIEW ASYLUM

(Address)

Filed 3/23 1907 HARRY O. ANDREWS PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1907

I HEREBY CERTIFY, That I attended deceased from March 11 1907 to March 22 1907 that I last saw h. alive on March 22 1907, and that death occurred, on the date stated above, at 7.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Tubercular Emphysema

DURATION DAYS

Contributory (Primary.)

Glucostein DURATION DAYS

(Signed) R R Vonnier M.D.

Address Bay View Asylum

Date March 23 1907

Place of Burial Sacred Heart

Date March 23 1907

Undertaker Evans & Spence

Address 418 420 W. Mt. Royal Ave.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 99463 Registered No. B 99463

CERTIFICATE OF DEATH.

(Place of Death.) No. 1639 Wilkens Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert R. Owens

{Residence, if in Baltimore, Give Street and Number.} 1639 Wilkens Ave

Duration of Residence in Baltimore. 11 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh

DATE OF BIRTH: 1

AGE: 58 years, mon'ts, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas Owens

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Sarah Horton

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannie B Owens

(Address) 1639 Wilkens Ave

Filed 3/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21, 1907

I HEREBY CERTIFY, That I attended deceased from January 21 1907 to March 21, 1907 that I last saw h[illegible] alive on March 21, 1907 and that death occurred, on the date stated above, at 11.20 A.M. CAUSE OF DEATH (Secondary or Immediate

Dropsy of feet & legs & consequent disease of heart DURATION 60 DAYS

Contributory (Primary) Organic heart disease DURATION [illegible] DAYS

(Signed) [illegible] M.D.

Address 1[illegible] N. Gilmor St.

Date March 23 1907

Place of Burial Cockeysville Md

Date March 24 1907

Undertaker Lowe Groff

Address 827 E Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99464

City of Baltimore, (No. 2620 Woodbrook Av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Fannie D. Frank

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. (Month) 16th (Day) 1871 ~~1907~~ (Year)

AGE 65 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER John Reid

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary Anne Pugh

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. Howard Frank

(Address) 2620 Woodbrook Av.

Filed 3/23 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.
WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1906 to March 22 1907 that I last saw h[illegible] alive on March 22 1907, and that death occurred, on the date stated above, at 11.00 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

2 years (DURATION) ~~DAYS~~

Contributory Mitral Heart with Failure

Nothing + Autopsy (DURATION) ..... DAYS

(Signed) E. Dorsett M. D.

March 22 1907 (Address) 1605 N. North Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Shiloh Harford Co. Md. | DATE OF BURIAL March 23 1907

UNDERTAKER Jos. Syfer | ADDRESS 1605 N. North Av

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1791

CERTIFICATE OF DEATH.

Convent of St. Frances Registered No. B 99465

City of Baltimore, (No. E. Chase St. City St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dorothy Brown.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... (Month) ..... (Day) 1902 (Year)

AGE 4 1/2 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) New York.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. M. Jenny, S.C.

(Address) Convent of St. Frances E. Chase St.

Filed 3/23 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22. 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Mar 22 1907 that I last saw h[illegible] alive on Mar 22 1907, and that death occurred, on the date stated above, at 12 40 P.M. The CAUSE OF DEATH was as follows:

Asthenia (DURATION) 5 DAYS

Contributory Malnutrition

4 or 5 Mos. (DURATION) DAYS

(Signed) Mary F. Coughlin M. D.

Mar. 22. 1907 (Address) 128 Valley St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Holy Cross Cemetery | DATE OF BURIAL March 24. 1907

UNDERTAKER Edw. A Byrne | ADDRESS 302 or 304

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99467

City of Baltimore, (No. 1132 Riverside Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maggie S. Schroeder.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female.

COLOR: White.

DATE OF BIRTH: Sept. (Month) 3 (Day) 1872 (Year)

AGE: 34 years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: August R. Schroeder

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie P.

BIRTHPLACE OF MOTHER (State or country): Baltimore,

OCCUPATION OF DECEASED: Housekeeper,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam Schroeder

(Address) Perry Hall. Md.

Filed 3/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March. (Month) 21st (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from March 20 1907 to March 20 1907.

that I last saw h[illegible] alive on March 20 1907.,

and that death occurred, on the date stated above, at 9.30 P.M. The CAUSE OF DEATH was as follows:

Bright's disease

[illegible] (DURATION) [illegible] DAYS

Contributory [illegible]

[illegible] (DURATION) 2 DAYS

(Signed) Francis A. Welch M. D.

March 22 1907 (Address) 1301 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Friedrichs Md

DATE OF BURIAL: March 25th 1907

UNDERTAKER: Balto Co

ADDRESS: Fullerton Md.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ... Registered No. B 99466

CERTIFICATE OF DEATH.

90 ✓

(Place of Death.) No. 2631 Fait Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Frank

{Residence, if in Baltimore, Give Street and Number.} 2631 Fait Ave

Duration of Residence in Baltimore. Life B99466

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ... 1 ...

AGE — years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER William Frank

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Frank

(Address) 2631 Fait Ave

Filed 3/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1907

I HEREBY CERTIFY, That I attended deceased from March 7 1907 to March 22 1907 that I last saw him alive on March 22 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 1/2 DAYS

Contributory (Primary.) Capillary Bronchitis (DURATION) 15 DAYS

(Signed) C. N. Athey M.D.

Address 2 Hudson & Lee

Date Mar 23rd 1907

Place of Burial Holy Redeemer

Date Mar 24 1907

Undertaker Wendell & Kefeld Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Victoria Laurence.

{Residence, if in Baltimore, Give Street and Number.} 1000 W. Fayette St.

Duration of Residence in Baltimore. 30 yrs

B9968

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) N. Y.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Spurrier

(Address) Rustic Harbor Balto Co Md

Filed 5/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 22, 1907

I HEREBY CERTIFY, That I attended deceased from Mar 20, 1907 to Mar 22, 1907, that I last saw her alive on Mar 22, 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Con'ributory (Primary) Heart failure.

(DURATION) ..... DAYS

(Signed) C. E. Faughey, M.D.

Address Md. Gen'l Hospital.

Date Mar. 22, 1907

Place of Burial London Park

Date Mar 28 1907

Undertaker Geo J Smith Co

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 99469

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 523 Alford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bradley J. Johnson

{Residence, if in Baltimore, Give Street and Number.} Union Bridge

Duration of Residence in Baltimore. Two mths B99469

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Cd

DATE OF BIRTH: 1865

AGE: 42 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel Johnson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Malinda Lowery

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Bishop

(Address) 1107 Druid Hill Ave

Filed 3/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1907

I HEREBY CERTIFY, That I attended deceased from March 18 1907 to March 21 1907 that I last saw h[e] alive on March 21 1907 and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxia caused by Heart D

(DURATION) 3 DAYS

Con'tributory (Primary.) Heart D

(DURATION) 3 DAYS

(Signed) G. Gar. Kennard M.D.

Address 708 Monroe St

Date March 22 1907

Place of Burial Union Bridge Md

Date Mar - 24 1907

Undertaker Wm A. Bishop

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

126

CERTIFICATE OF DEATH.

Registered No. B 99470

City of Baltimore, (No. 1509, Madison Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Moses Pels

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mar. (Month) (Day) 1845 (Year)

AGE: 61 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Simon M. Pels

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Yette Koopman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Dr J Pels

Address: 1509 Madison Av

Filed 3/23/07

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 15 1906 to March 22 1907

that I last saw him alive on March 22 1907,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis
(Bright's Disease)

2 years (DURATION) DAYS

Contributory Cardiac Dilation Romain

Oedema 1 month (DURATION) — DAYS

(Signed) Joseph Eichberg M. D.

March 23 1907 (Address) 1516 Madison Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Hebrew Cem — DATE OF BURIAL: March 24 1907

UNDERTAKER: David Sondheim — ADDRESS: 923 Madison Av

WM. J. C. DULANY CO., BALTIMORE

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H Foreman

{Residence, if in Baltimore, Give Street and Number} —

Duration of Residence in Baltimore. — Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Feb 1842

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Foreman

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary A Posey

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: House Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Informant)

(Address)

Filed 3/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1907

I HEREBY CERTIFY, That I attended deceased from March 20 1907 to March 21 1907 that I last saw him alive on March 21 1907, and that death occurred, on the date stated above, at 3:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia, Broncho pneumonia Cerebro-sclerosis

(DURATION) DAYS

Contributory (Primary,) Chronic diffused Nephritis

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date March 22 1907

Place of Burial Mt. Olivet

Date Mar 23 1907

Undertaker Robt J Turner

Address Pikesville, Md.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes within his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99472

City of Baltimore, (No. 16 ½ N Bway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank C Clair

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May (Month) 31 (Day) 1877 (Year)

AGE 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Lemuel C Clair

BIRTHPLACE OF FATHER (State or country) McConnellsville Pa

MAIDEN NAME OF MOTHER Emma K Lowe

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Book Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Whitehead Clair

(Address) 16 ½ N Bway

Filed 3/23 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 12 1907 to March 22 1907 that I last saw him alive on March 22 1907, and that death occurred, on the date stated above, at 12 30 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 2 years ~~DAYS~~

Contributory Exhaustion,

(DURATION) 10 DAYS

(Signed) A D Macdonald M. D.

Mar 22 1907 (Address) 1540 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Greenmount — DATE OF BURIAL Mar 24 1907

UNDERTAKER Robt Kenney Bray — ADDRESS Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

72

CERTIFICATE OF DEATH.

99473

Registered No. B .....

City of Baltimore, (No. 10, Culver St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Joseph Wieber

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 11 1907 (Month) (Day) (Year)
AGE	0 years, 0 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balt.
FULL NAME OF FATHER	Joseph Wieber
BIRTHPLACE OF FATHER (State or country)	Balt.
MAIDEN NAME OF MOTHER	Annie Siegfried
BIRTHPLACE OF MOTHER (State or country)	Balt.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Wieber

(Address) 10 Culver St

Filed 3/23 1907

HARRY C. ANDREWS, PERMIT CLERK., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 20 1907 to March 23 1907 that I last saw him alive on March 22 1907, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Infantile Tetanus

(DURATION) 3 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Howard M. Jones M. D.

March 23 1907 (Address) Irvington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL New Cathedral. DATE OF BURIAL March 24 1907

UNDERTAKER E. W. Dill ADDRESS 810 Fredk. ave.

WM. J. C. DULANY CO., BALTIMORE

Faith

HEALTH DEPARTMENT. CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97 ✓

CERTIFICATE OF DEATH.

99474

Registered No. B.....

City of Baltimore, (No. 2014 Wicheln St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frdk. August Wohler

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 31 1855
(Month) (Day) (Year)

AGE 51 years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Machinist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Julius Wohler.

(Address) 203 S. Payson St.

Filed 3 23 1907 HARRY C. ANDREWS Registrar

PERMIT ISSUED
WM. J. C. DULANY CO., Baltimore

Lah ✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 1 1907 to March 22 1907

that I last saw him alive on Mar. 21 1907,

and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Asthma & Emphysema

(DURATION) 80 DAYS

Contributory Hrt failure

(DURATION) 2a DAYS

(Signed) Register Dill M. D.

March 22 1907 (Address) Linvd & Stricker

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park. | DATE OF BURIAL March 24 1907

UNDERTAKER L. W. Dill | ADDRESS 810 Fredk. ave.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 99475

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 99475

Registered No. B.....

City of Baltimore, (No. 1102 McAllister St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Anderson

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Col
DATE OF BIRTH: ..... (Month) ..... (Day) 1857 (Year)	
AGE: 50 years, 2 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER: Unknown.	
BIRTHPLACE OF FATHER (State or country): Unknown	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): Unknown	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Anderson

(Address) 1102 McAllister St.

Filed 3/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

ECD

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to March 22 1907 that I last saw h[illegible] alive on March 15 1907, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis Pulmonalis

(DURATION) 9 Mos. DAYS

Contributory Exhaustion

(DURATION) 7 DAYS

(Signed) D. E. Reilly M. D.

March 23 1907 (Address) 200 Edmondson Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	March 23 1907
UNDERTAKER: R. A. Elliott	ADDRESS: 506 Park Ave

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

99476

Registered No. B

Shelter for Aged Colored

City of Baltimore, (No. 517 N. Biddle St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lilly Willis

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR C

DATE OF BIRTH — (Month) (Day) 1817 (Year)

AGE 90 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matron

(Address) 517 N. Biddle St

Filed 3/23 1907

Registrar

WM. J. C. DULANY CO., BALTIMORE

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 1907 to March 22 1907 that I last saw h alive on about March 7 1907, and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Oedage

DURATION) DAYS

Contributory

DURATION) DAYS

(Signed) Henry M. Fitzhugh M. D.

March 22 1907 (Address) 211 N. Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mount Auburn

DATE OF BURIAL March 23 1907

UNDERTAKER Chas E Franck

ADDRESS 1461 E Eutaw

Mt Auburn

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 39477

City of Baltimore, (No. 1306 North Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rose Ann Cole

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) dont know (Day) Year

AGE: 84 years, dont know months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: John Kelly

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Charlotte Gorsuch

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Jno. Cole

Address: 1306 N. Mount St.

Filed 3/23 1907

HARRY C. ANDREW, PERMIT CLERK. Registrar

WM. J. C. DULANY CO. Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 15 1907 to March 21 1907 that I last saw h[illegible] alive on March 21 1907, and that death occurred, on the date stated above, at 8.30 A. M. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

DURATION) DAYS

Contributory Embolism

DURATION) DAYS

(Signed) Fred. C. Jewett M. D.

March 22 1907 (Address) 2208 W. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 23 1907

UNDERTAKER: E. Madison Mitchell — ADDRESS: 2208 W. Fayette St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3 Registered No. B 99478

CERTIFICATE OF DEATH.

(Place of Death.) No. 527 N Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Boddie

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. One year

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	— 1
AGE	24 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	N C
FULL NAME OF FATHER	Daniel Boddie
BIRTHPLACE OF FATHER (State or country)	N C
MAIDEN NAME OF MOTHER	Phillis Vic
BIRTHPLACE OF MOTHER (State or country)	N C
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Minnie Boddie

(Address) 527 - N Eden St -

1907 3/23 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

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MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1907

I HEREBY CERTIFY, That I attended deceased from March 22 1907 to March 22 1907 that I last saw him alive on March 22 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Exposure

(DURATION) DAYS

(Signed) Harry M Wegefarth M.D.

Address 1207 E Monument St

Date March 22 1907

Place of Burial Suffolk Nansemond Co Va

Date March 23 1907

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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99479

CERTIFICATE OF DEATH.

Registered No. B 99479

City of Baltimore, (No. 427, S. Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carrie Anderson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 5 (Day) 1872 (Year)

AGE: 35 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Adam Schaffer

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Carrie Schaffer

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Anderson

(Address) 427 Monroe St

Filed 3/23 1907

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 21, (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 6, 1907 to March 21, 1907 that I last saw her alive on March 21, 1907, and that death occurred, on the date stated above, at 12.30 p. m. The CAUSE OF DEATH was as follows:

Heart failure

(DURATION) 3 DAYS

Contributory Intestinal adhesions

(DURATION) DAYS

(Signed) E. A. Dickey, M. D.

March 22, 1907 (Address) 216 Frederick Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 2122 Maryland St. How long at Place of Death? 7 or 8 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	March 24 1907
UNDERTAKER	**ADDRESS**
N. S. Finch	2113 N. Broadway

M. M. J. & DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99480

CERTIFICATE OF DEATH.

Registered No. B 99480

City of Baltimore, (No. 525 Columbia ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albin Grajauskas

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: June 20th (Month) (Day) 1906 (Year)

AGE: ..... years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Peter Grajauskas

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mary Karalus

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Grajauskas

(Address) 525 Columbia ave

Filed 3/23 1907 HARRY D. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 22 1907 to March 22 1907 that I last saw him alive on March 22 1907 and that death occurred, on the date stated above, at 12.30 P.M. The CAUSE OF DEATH was as follows:

Broncho-pneumonia

..... (DURATION ..... DAYS)

Contributory Exhaustion (DURATION ..... DAYS)

(Signed) C. S. Thurman M. D.

3/22 1907 (Address) 525 Columbia ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Helena's — DATE OF BURIAL: March 24 1907

UNDERTAKER: H. S. Frick — ADDRESS: 2113 E. Pratt

...WM. J. C. DULANY CO., BALTIMORE

C. D. S.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99182
154

CERTIFICATE OF DEATH.

Registered No. B 99182

City of Baltimore, (No 2313 N. Calvert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Mary F. Howard.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White.

DATE OF BIRTH: August (Month) 30 (Day) 1830 (Year)

AGE: 76 years, 6 months, 22 days

~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~: Widowed.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Alexander Ashcom

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Cornelia Lynch

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. J. Shipley

(Address) 2313 N. Calvert St

Filed 3/23 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March. (Month) 22nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 14 1907 to Mar 22 1907 that I last saw h[er] alive on Mar 21 1907, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Old age.

(Sick since June 3-07

(DURATION) DAYS

Contributory General debility Bronchitis

two weeks. (DURATION) 14 DAYS

(Signed) E. L. Whitney. M. D.

Mar 22 1907 (Address) 1103 Linden ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: March 24 1907

UNDERTAKER: E. J. Underfield Jr. — ADDRESS: [illegible]

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. B 99481

99481

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital J St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Tillman

{ Residence, if in Baltimore, Give Street and Number. } 387 Forest pl

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Nicholas Tillman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Matilda Stock

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Annie Tillman

Address 1107 Valley St.

Filed 3/23 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1907

I HEREBY CERTIFY, That I attended deceased from Mch 6 1907 to Mch 22 1907

that I last saw h alive on Mch 22 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Effanction

(DURATION) DAYS

Contributory (Primary) Pneumonia Mydetis

Alcoholism (DURATION) DAYS

(Signed) Lo. G. Dorsey M.D.

Address City Hospital

Date March 23 1907

Place of Burial Holy Redeemer

Date March 24 1907

Undertaker H. C. Wedefeld

Address 914 Greenmount Ave

WM. C. DOHANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 99483 — Registered No. B

CERTIFICATE OF DEATH. 99483

Place of Death.) No. 1129 S. Charles St — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Zobel

{Residence, if in Baltimore, Give Street and Number.} 1129 S. Charles St

Duration of Residence in Baltimore? 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 1 1859

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Andrew A Zobel

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Josy Walcker.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Bookkeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew A Zobel

(Address) Cockeysville.

Filed 3/23 190 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 23 1907

I HEREBY CERTIFY, That I attended deceased from Mar 6 1907 to Mar 23 1907 that I last saw h alive on Mar 22 1907, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

General Debility

(DURATION) 7 DAYS

Contributory (Primary.) Grippe

(DURATION) 16 DAYS

(Signed) Harry Byrd M.D.

Address 602 Columbia ave

Date Mar 23 1907

Place of Burial Cathedral

Date March 25th 1907

Undertaker E Hark.

Address 115 E West St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 99484 Registered No. B 99484

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 N Bond St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Henderson

{Residence, if in Baltimore, Give Street and Number.} 231 N. Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 11 1848

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Anthony Henderson

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Sarah Campbell

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Henderson

(Address) 231 N Bond St

Filed 3/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

C.A.S.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to March 22 1907 that I last saw h— alive on March 22 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) D W Cathell M.D.

Address 1308 N Charles

Date March 23 1907

Place of Burial Greenmount Cemetery

Date Mar 25th 1907

Undertaker H C Hughes

Address 17 S Broadway

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 89485

CERTIFICATE OF DEATH.

(Place of Death.) No. Ellan House St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name August R. Dotes

{Residence, if in Baltimore, Give Street and Number.} Phila. Pa.

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1878

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Phila.

FULL NAME OF FATHER: Joseph R Dotes

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Mary Burbeck

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Chemist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Horton

(Address) 1 Philadelphia Pa

Filed Mch 24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1907

I HEREBY CERTIFY, That I attended deceased from Mar 20 to Same 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage due to Phthisis Pulmonalis, Edema of Lungs Heart Suicide

(DURATION) DAYS

Contributory (Primary.) Sudden

(DURATION) DAYS

(Signed) Patrick J Mayes M.D.

Address 1007 N Lafayette Ave

Date March 23 1907.

Place of Burial Philadelphia Pa

Date Mar. 24 1907

Undertaker Wm. M. Gawthrop

Address 901 N. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — Registered No. B 99486

CERTIFICATE OF DEATH.

(Place of Death.) No. 1220 Edwards St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Brown

{Residence, if in Baltimore, Give Street and Number.} 1220 Edwards

Duration of Residence in Baltimore. Life B99486

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH ... 1 ...

AGE 22 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Peter Brown

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Fisher

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Brown

(Address) 1421 Fremont St

Filed 3/24 1907 HARRY O. ... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 22 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

... (DURATION) DAYS

Contributory (Primary.) ...

... (DURATION) DAYS

(Signed) Geo. L. Cameron M.D.

Address Coroners Office

Date Mch. 22 1907

Place of Burial Greenmount Cemetery

Date March 24 1907

Undertaker R. S. & W. Hiett

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

Ward 7 99486 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2538 Woodbrook Av rear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew McC Hood

{Residence, if in Baltimore, Give Street and Number.} 2538 Woodbrook Av rear

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Feb 16th 1862

AGE: 45 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Hood

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Aletha Brown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Miller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant .....

(Address 2538 Woodbrook Av

Filed 3/24 1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to March 23 1907

that I last saw h[illegible] alive on March 23 1907,

and that death occurred, on the date stated above, at 5-40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

Months (DURATION)

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) L E Black M.D

Address 847 N Fayette St

Date 3-23 07 1907

Place of Burial Trenton Balto Co Md

Date March 25th 1907

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9487 Registered No. B 9487 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Luke Geary Geary

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR white

DATE OF BIRTH /

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Luke Geary

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Geary

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/24 1907 ✓ HARRY G. ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to March 23 1907 that I last saw him alive on March 23 1907, and that death occurred, on the date stated above, at 6.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffuse Nephritis, Arterio Sclerosis, Senility

Cellulitis of Right Hand (DURATION) DAYS

Contributory (Primary) Hypostatic Pneumonia (DURATION) DAYS

(Signed) R R Voris M.D.

Address Bay View Hospital

Date March 23 1907

Place of Burial St. Peters

Date Mar 24th 1907

Undertaker John Steele

Address 220 E. Fort Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 9948

CERTIFICATE OF DEATH.

(Place of Death.) No. 830 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Polen

{Residence, if in Baltimore, Give Street and Number.} 830 George St

Duration of Residence in Baltimore. One month

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Feby 22 1907

AGE ..... years, 1 months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md Richd Poulson

FULL NAME OF FATHER Richd Poulson

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie Glasgow

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Poulson

(Address) 830 George St

Filed 3/24 1907

HARRY O. ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1907

I HEREBY CERTIFY, That I attended deceased from March 23 1907 to March 23 1907

that I last saw her alive on March 23 1907

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

..... (DURATION) ..... DAYS

Con'tributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) I. S. Hawkins M.D.

Address 1202 D. Hill Ave

Date March 23 1907

Place of Burial Mt Auburn

Date 3/24 1907

Undertaker Abel Hemsley

Address 578 N Bond

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 99490

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 E. Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara Heckenbach

{Residence, if in Baltimore, Give Street and Number.} 106 E Hughes

Duration of Residence in Baltimore. 58 yrs

B 99490

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: 1

AGE: 82 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Aug Otten

Address 106 E Hughes St

Filed 3/24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 21" 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 2 1907 to Mar. 21 1907

that I last saw h[illegible] alive on Mar 21" 1907

and that death occurred, on the date stated above, at 9 30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Dilated Heart

Contributory (Primary) Old age (DURATION) DAYS

(DURATION) DAYS

(Signed) Otto Faulk M.D.

Address 1228 E. Chase

Date Mar. 22" 1907

Place of Burial Western Cem

Date March 25 1907

Undertaker Wm Cook

Address 602 E. North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ... Registered No. B 9043

CERTIFICATE OF DEATH.

(Place of Death.) No. 1038 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mallie L. Clark

{Residence, if in Baltimore, Give Street and Number.} 1038 Hanover St.

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: July 10 1826

AGE: 81 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New Jersey

FULL NAME OF FATHER: Reuben Clark

BIRTHPLACE OF FATHER (State or country): New Jersey

MAIDEN NAME OF MOTHER: Alice Clark

BIRTHPLACE OF MOTHER (State or country): New Jersey

OCCUPATION OF DECEASED: Produce Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. C. Clark

(Address) 918 Light St

Filed 3/24 1907

HENRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 22 1907

I HEREBY CERTIFY, That I attended deceased from Mar 11 1907 to March 22 1907

that I last saw him alive on Mar 22 1907

and that death occurred, on the date stated above, at 7.55 M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstit. Nephritis

Acute Uremia (DURATION) 11 DAYS

Contributory (Primary.)

Acute Uremia (DURATION) 3 DAYS

(Signed) Robt. O. P. Lehnk M.D.

Address 1318 E. Clarks St

Date Mar. 22 1907

Place of Burial Cedar Hill.

Date March 25 1907

Undertaker Chas. Cook

Address 150 E. North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 9945

CERTIFICATE OF DEATH.

(Place of Death.) No. 3rd Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katharine W Stansbury

{Residence, if in Baltimore, Give Street and Number.} 1407 N Patterson Park Ave

Duration of Residence in Baltimore. 58 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 6 1839

AGE 67 years, 10 months, 15 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Leny Weil

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary M. Cammerda

(Address) 1407 N Patterson Park Ave.

Filed 3/24 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1907

I HEREBY CERTIFY, That I attended deceased from March 15 1907 to March 21 1907

that I last saw h.. alive on March 21 1907

and that death occurred, on the date stated above, at 9 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date March 21 1907

Place of Burial Mt. Carmel Cem

Date March 24 1907

Undertaker H. Lander & Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible]

99498

Registered No. B 99498

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 5'10 Granville ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John C. Woolf

{ Residence, if in Baltimore, Give Street and Number. } 5'10 Granville ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: July 4th 1[illegible]

AGE: 66 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Chas. Woolf

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Eliza J. Woolf

Address 5'10 Granville ave

Filed 3/26 1907

HARRY C. [illegible]
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22d 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 22 1907

that I last saw h[illegible] alive on March 22 1907,

and that death occurred, on the date stated above, at 7.7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia & Coma

(DURATION) 2 DAYS

Contributory (Primary.) Apoplexy

(DURATION) 24 DAYS

(Signed) H. W. Brown M.D.

Address 643 Granville ave

Date March 22d 1907

Place of Burial Baltimore Cem

Date March 25th 1907

Undertaker Robt. Brooks & Son

Address Calhoun & Hollins Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate to furnish the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ***date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 447 E. Clement St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia Mc Drough

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Aug (Month) 21 (Day) 1860 (Year)

AGE: 46 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Michael Reagan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Scala

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 447 E. Clement St.

Filed 3/24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 3 1907 to Mch 23 1907 that I last saw h er alive on Mch 22 1907, and that death occurred, on the date stated above, at 11 4 M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) 20 DAYS

Contributory

(DURATION) DAYS

(Signed) George L. Dreaner M. D.

Mch 24 1907 (Address) 721 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Patricks Cemetery	March 26 1907
UNDERTAKER	**ADDRESS**
D. & M. J. Flynn	426 West St.

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 34 S Lloyd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Rocklyn

{ Residence, if in Baltimore, Give Street and Number. } 34 Lloyd

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Rathelin Rocklyn

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Stular

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Inn

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Lueller

Address 320 ½ Greene St.

Filed 3/24 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

..... (DURATION) ..... DAYS

Con'tributory (Primary)

..... (DURATION) ..... DAYS Coroner

(Signed) Thomas Lueller M.D.

Address 320 ½ Greene St.

Date ..... 190 ..

Place of Burial Philips Rd Roos Dale

Date Mar 24, 1907

Undertaker Mat Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 19496

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie May Hagan

{Residence, if in Baltimore, Give Street and Number.} 1240 W. Pratt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: White

DATE OF BIRTH: 1878

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Hartman

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Washington

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hartman

(Address) 1240 West Pratt St

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March - 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Abscesse 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Quantity Surgical Shock

(DURATION) DAYS

Contributory (Primary.) Pleuro Pneumonia

pus tubes (DURATION) DAYS

(Signed) C. Irving Jones M.D.

Address Same Office

Date March - 24 1907

Place of Burial Holy Cross Cemetery

Date March 25 1907

Undertaker F A Straus & Bro

Address 703 Hanover Street.

WM. J. C. DULANY CO., Baltimore

See following

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 994 96

CERTIFICATE OF DEATH.

Place of Death.) No. Franklin Lynn Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna May Hayes

{ Residence, if in Baltimore, Give Street and Number. } 1240 W. Pratt St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1878

AGE 28 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John Hartman

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) Washington D.C

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hartman

(Address) 1240 W. Pratt st

Filed 3/26 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22nd 1907

I HEREBY CERTIFY, That I attended deceased from March 22nd 1907 to March 22nd 1907 that I last saw h-e alive on March 22 1907, and that death occurred, on the date stated above, at 5.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock from Anaesthesia (Surgical)

(DURATION) 1/2 hour DAYS

Contributory (Primary.) Pelvic Abscess.

(DURATION) DAYS

(Signed) H G Bunting M.D.

Address Franklin Lynn Hospl

Date March 22 - 1907

Place of Burial Holy Cross Cemetery

Date March 25 1907

Undertaker F. A. Krause & Bro

Address 713 Hanover St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the same can be ascertained, the **full name, sex, age, condition** (whether married, single, widowed or divorced), **birthplace, occupation, cause and date of death.**

Ward 7 — Registered No. B 20766

CERTIFICATE OF DEATH.

(Place of Death.) No. 1705 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie E. Kavanagh

{Residence, if in Baltimore, Give Street and Number.} 1705 Gough St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 2nd 1876

AGE 31 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Kavanagh

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth Kavanagh

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas Kavanagh

(Address) 1705 Gough St.

Filed 3/24 1907

MARRY OF INDIGENTS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22d 1907

I HEREBY CERTIFY, That I attended deceased from April 16th 1906 to March 22 1907, that I last saw h[illegible] alive on March 22 1907, and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Mesenteric

(DURATION) 180 DAYS

Contributory (Primary) Phthisis Pulmonalis

(DURATION) 160 DAYS

(Signed) Edward P. Davis M.D.

Address 2 W Lexington St

Date March 23d 1907

Place of Burial Holy Cross Cem

Date March 25th 1907

Undertaker Jno. A. Gannon

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — Registered No. B 9948

CERTIFICATE OF DEATH.

(Place of Death.) No. 127 S. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Jackson

{Residence, if in Baltimore, Give Street and Number.} 127 S. Caroline

Duration of Residence in Baltimore. Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Black

DATE OF BIRTH 1810

AGE 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John A. Jackson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary E. Jackson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: John A. Jackson

Address: 127 S. Caroline

Filed 3/24 1907 — HARRY C. ANDREWS PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23rd 1907

I HEREBY CERTIFY, That I attended deceased from March 14th 1907 to March 23rd 1907

that I last saw her alive on March 22 1907

and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Bowels

14 hours (DURATION) DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 15 DAYS

(Signed) J. L. Wimmer M.D.

Address 1735 Bank st

Date March 23rd 1907

Place of Burial Asbury Cemetery

Date March 25th 1907

Undertaker Theodore H. White

Address 1702 Gough St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 99498 Registered No. B 99498

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Maurice Waterman

{Residence, if in Baltimore, Give Street and Number.} Macon Georgia

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 19 1852
AGE	54 years, 11 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Waterman
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Buyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Waterman

(Address) Macon Ga

Filed 3/24 1907. HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from March 7 1907 to March 24 1907 that I last saw h alive on March 24 1907 and that death occurred, on the date stated above, at 12.50 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Paramonia tuberculosis of liver.

(DURATION) DAYS

Con'tributory (Primary.) Dysentery

(DURATION) DAYS

(Signed) Harvey B Stone M.D.

Address Johns Hopkins Hospital

Date March 24 1907

Place of Burial Macon Ga

Date March 24th 1907

Undertaker Lloyd & Sondheim

Address 423 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

Moved to 423 Madison Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 99500 Registered No. B 99500

CERTIFICATE OF DEATH.

(Place of Death.) No. Home Hospital St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Master Guinnerman

{ Residence, if in Baltimore, Give Street and Number. } Home Hospital.

Duration of Residence in Baltimore. 1 Month.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 13, 1901

AGE 6 years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Frederick Md.

FULL NAME OF FATHER Robert Guinnerman

BIRTHPLACE OF FATHER (State or country) Frederick Co Md.

MAIDEN NAME OF MOTHER Elsie Roelkey

BIRTHPLACE OF MOTHER (State or country) Frederick Co Md.

OCCUPATION OF DECEASED Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Guinnerman

(Address) Frederick Md.

Filed 3/24 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

C & S

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 23 190

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Intravenous meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Frederick Md.

Date March 23. 1907

Place of Burial Frederick Md.

Date March 24th 1907

Undertaker J. S. Brook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 99501 Registered No. B 99501

CERTIFICATE OF DEATH.

(Place of Death.) No. 202 South Regester St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number

Full Name Henry John Hoffmann

{Residence, if in Baltimore, Give Street and Number.} No. 202 South Regester St

Duration of Residence in Baltimore... during life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 14th 1906

AGE: ...years. 6 mont's 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): 202 S Regester St

FULL NAME OF FATHER: Henry John Hoffmann

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry L Hoffmann

(Address) 202 S Regester St

Filed 3/24 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24th 1907

I HEREBY CERTIFY, That I attended deceased from March 17th 1907 to March 24th 1907 that I last saw him alive on March 23d 1907, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Two days (DURATION) DAYS

Contributory (Primary) Pneumonia

one week (DURATION) DAYS.

(Signed) Isadr A. Conradi, M.D.

Address Nr. 2241 E. Baltimore St

Date March 24th 1907.

Place of Burial St Mathew Cemetary

Date March 25th 1907

Undertaker Leonard Ritz, Jr

Address 2336 E Baltimore St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

157 V

CERTIFICATE OF DEATH.

Registered No. B 9[illegible]

City of Baltimore, (No. 1326½ N. Fulton ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Litterbaugh

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. (Month) 10 (Day) 1827 (Year)

AGE — years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) 1326 N. Fulton Ave. Balto. Md

FULL NAME OF FATHER George C. Litterbaugh

BIRTHPLACE OF FATHER (State or country) Balto. City

MAIDEN NAME OF MOTHER Ann E. Ridder

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Litterbaugh

(Address) 1326½ N. Fulton Ave

Filed Mch 24 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1907 to March 23 1907

that I last saw h[illegible] alive on [illegible] 1907,

and that death occurred, on the date stated above, at 7.20 P. M. The CAUSE OF DEATH was as follows:

Premature birth

(DURATION) DAYS

Contributory Congenital debility

all life (DURATION) DAYS

(Signed) Charles C. Conn M. D.

3/26 1907 (Address) 1137 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	1907
UNDERTAKER	ADDRESS
[illegible]	[illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99503

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 308 S. Woodyear St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth B. Ender

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 28 (Month) (Day) 1904 (Year)

AGE: 2 years, 10 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Frederick B. Ender

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kate Roycar

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Ender

(Address) 308 S. Woodyear

Filed 3/25 1907 HARRY C. ANDREWS, Registrar

PERRY & CLEMENTS CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 21 1907 to March 24 1907 that I last saw her alive on March 23rd 1907, and that death occurred, on the date stated above, at 8 a. M. The CAUSE OF DEATH was as follows:

Diphtheria

(DURATION) ..... DAYS

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) W. J. Fox M. D.

March 25 1907 (Address) 836 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: March 25 1907

UNDERTAKER: Geo. Bentz

ADDRESS: 534 N. Biddle St

10 A.M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

99504 ✓

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

90

99504

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1826, Walbrook Ave St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Edelman Lorenz Eisel.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April (Month) 19 (Day) 1906 (Year)

AGE: 0 years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Lorenz Eisel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Bush

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lorenz Eisel

(Address) 1826 Walbrook ave

Filed 3/24 190 /

Registrar

HARRY C. ANDREWS
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 19 1907 to March 23 1907 that I last saw h~~im~~ alive on March 23 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

(DURATION) 6 DAYS

Contributory Infantile Convulsions. (DURATION) 6 hours

(Signed) I. Packard La Barre M. D.

March 23 1907 (Address) 1903 E. North

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: March 25 1907

UNDERTAKER: Geo. Benz — ADDRESS 534 N Biddle St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 99505 Registered No. B 99505 V

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles F Kuhn

{ Residence, if in Baltimore, Give Street and Number. } 217 S Shaf St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Apr 18 1828

AGE 78 years, 11 months 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Umbrella Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant .....

(Address) BAY VIEW ASYLUM

Filed 3/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1907

I HEREBY CERTIFY, That I attended deceased from March 2 1907 to March 22 1907 that I last saw h~~im~~ alive on March 22 1907, and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Senility, Arteriosclerosis Decubitus of back. Mitral regurgitation (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) J R Kemp M.D.

Address Bay View Hospital

Date March 22 1907

Place of Burial Western Cem

Date March 25 1907

Undertaker J R B Cook

Address 1003 N Balto St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

99506

Registered No. B.....

City of Baltimore, (No. 626 W Franklin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Margt Warner Beall

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: July (Month) 2 (Day) 1827 (Year)

AGE: 80 years, 1 months, 20 days

~~SINGLE, MARRIED, WIDOWED, OR~~ DIVORCED

BIRTHPLACE (State or country): Washington D C

FULL NAME OF FATHER: Benjamin B. Beall

BIRTHPLACE OF FATHER (State or country): Montgomery Co Md

MAIDEN NAME OF MOTHER: Caroline M. Harner

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Ann C Beall

(Address) 626 W Franklin St

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 12 1907 to March 22 1907 that I last saw h[illegible] alive on March 22 1907, and that death occurred, on the date stated above, at 10 P M. The CAUSE OF DEATH was as follows:

Bronchitis Chronic

about 2 years (DURATION) ..... DAYS

Contributory ?

(DURATION) ? DAYS

(Signed) ? Ken Williams M. D.

March 23 1907 (Address) 701 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Mch 25 1907

UNDERTAKER: Jos B Cook

ADDRESS: 1003 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 99507 Registered No. B 99507

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose ~~Podgurski~~ Podgurski

{Residence, if in Baltimore, Give Street and Number.} 209 N. Arlington Ave.

Duration of Residence in Baltimore. 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Oct 2 1862

AGE 45 years, — months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Karl Podgurski

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Podgurski

(Address) 209 N Arlington

Filed 3/25 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3-23-1907

I HEREBY CERTIFY, That I attended deceased from 3-11-1907 to 3-23-1907 that I last saw h alive on 3-23-1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Tuberculosis

(DURATION) 6 DAYS

Contributory (Primary.) Alcoholism

(DURATION) DAYS

(Signed) H. Y. Brown M.D.

Address Franklin Sq. Hospl

Date March 23 1907

Place of Burial Loudon Park Cem

Date March 23 1907

Undertaker Jos B Cook

Address 103 N Ballo St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

moved to 209 N Arlington Ave

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

6V

CERTIFICATE OF DEATH.

Registered No. B 99508

City of Baltimore, (No. 532, Forrest St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Sadler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Or White

DATE OF BIRTH: ..... (Month) ..... (Day) 1907 (Year)

AGE: [illegible] years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Sadler

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jannette Sadler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: John Sadler

(Address) 532 Forrest St

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 21st 1907 to Mar 23d 1907

that I last saw h[illegible] alive on Mar 23d 1907,

and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Pneumonia & Bronchitis.

(DURATION) 2 DAYS

Contributory Convulsions

(DURATION) 1 DAY

(Signed) C. H. Sudder M. D.

Mar 24 1907 (Address) 23 S. Patt. Pl. Co.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem	March 25 1907
UNDERTAKER	ADDRESS
John C. Hough Co.	1422 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 99309 Registered No. B 99309

CERTIFICATE OF DEATH.

9 2 V

(Place of Death.) No. 1420 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine E Weitzel

{Residence, if in Baltimore, Give Street and Number.} 1420 Bank st

Duration of Residence in Baltimore. 66 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 30th 1825

AGE 81 years, 10 months, 23 days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER George Horst

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Horst

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Grocer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Weitzel

(Address) 1420 Bank st

Filed 3/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March-23- 1907

I HEREBY CERTIFY, That I attended deceased from March 15 1907 to March 23 1907

that I last saw h-er alive on " 22 1907,

and that death occurred, on the date stated above, at 5.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho - Pneumonia -

1 WK - (DURATION) DAYS

Contributory (Primary.) Senility -

(DURATION) DAYS

(Signed) ~~FRANK~~ C. BRESSLER M.D.

Address 1713 Bank st

Date March 23/07 1907

Place of Burial Baltimore Cemetary

Date March 26th 1907

Undertaker George Schilling + Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 99510

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 Shields alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Ida White.

{Residence, if in Baltimore, Give Street and Number.} 1004 Shields alley

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH .....1.....

AGE 25 years, ... mo's ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friends

Address 1004 Shields alley

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 23, 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 15 1907 to Mar 23, 1907 that I last saw her alive on Mar 23, 1907, and that death occurred, on the date stated above, at 4.00 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

Dysentery

(DURATION) 8 DAYS

Con'tributory (Primary.) Toxaemia

(DURATION) 2 DAYS

(Signed) C. V. Langley M.D.

Address 1 Mt Hope Ave

Date Mar 23 1907

Place of Burial Mt Auburn Cemetery

Date March 25 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99511

120

CERTIFICATE OF DEATH.

9951

Registered No. B

City of Baltimore, (No. 1107 E. Eager St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophia Huckt

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female.
COLOR	White
DATE OF BIRTH	August 9 184[illegible] (Month) (Day) (Year)
AGE	64 years, 5 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	J. A. Buttner
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant G. A. Hunt

Address 2102 York Road

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3/22/1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 3/21/1907 to 3/22/1907 that I last saw her alive on 3/22/1907, and that death occurred, on the date stated above, at 11.20 A. M. The CAUSE OF DEATH was as follows:

Uraemia

(DURATION) 1 DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) H. S. Gosnell M. D.

3/22/1907 (Address) 501 E. 22nd St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 25 1907
UNDERTAKER	ADDRESS
Wendel Oppelt	328 N

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

N.

Registered No. B 99512

City of Baltimore, (No. 1345 Fremont Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME Instead of street and number.]

FULL NAME Albert Kreuling

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Nov (Month) 30 (Day) 1844 (Year)

AGE: 62 years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Andrew Kreuling

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Frisch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Kreuling Jr

(Address) 1345 Fremont Ave

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23rd 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1906 to 3/23 1907

that I last saw h alive on 3/22 1907

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Acute Cerebral Dilatation

(DURATION) DAYS

Contributory Carbuncle Hospital

F S Laceration (DURATION) 2 DAYS

(Signed) A. J. Bartlett M. D.

3/25 1907 (Address) 163 Monument

SPECIAL INFORMATION only for Hospitals Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bells Cemetery	Mar 25 1907
UNDERTAKER	ADDRESS
Albert W Shriver	816 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

(Forest Park) Registered No. B 99513

City of Baltimore, (No. Springdale-Calaway ad St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Andrew Jackson Robinson.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. (Month) 13th (Day) 1865 (Year)

AGE: 41 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Dorchester Co. Md.

FULL NAME OF FATHER: Andrew Jackson Robinson

BIRTHPLACE OF FATHER (State or country): Dorchester Co. Md.

MAIDEN NAME OF MOTHER: Sophie A. Travers.

BIRTHPLACE OF MOTHER (State or country): Dorchester Co. Md.

OCCUPATION OF DECEASED: Travelling Salesman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) James Steele Radcliffe

(Address) 814 Park Ave

Filed 3/25 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Mar. (Month) 23rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 14th 1907 to Mar. 23 1907 that I last saw him alive on Mar 23 1907, and that death occurred, on the date stated above, at 5— a. m. The CAUSE OF DEATH was as follows:

Sarcoma of Lung.

Six months. (DURATION) — DAYS

Contributory Septic poisoning

Two months (DURATION) DAYS

(Signed) Alfred B. Giles M. D.

Mar. 23 1907 (Address) Forest Park.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudan Park — DATE OF BURIAL: March 25 1907

UNDERTAKER: E. M. Mitchell — ADDRESS: 120 W. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 99514 Registered No. B 99514

66

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James L. Frey

{Residence, if in Baltimore, Give Street and Number.} Little Sisters of the Poor.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W. White

DATE OF BIRTH: Aug. 29th 1833

AGE: 73 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John B. Frey

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Sarah Bonis

BIRTHPLACE OF MOTHER (State or country): France.

OCCUPATION OF DECEASED: Upholsterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

Address Preston & Valley sts

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw him alive on March 18 1907,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

15 years (DURATION) DAYS

Contributory (Primary.) Chronic bronchitis

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date March 24 1907

Place of Burial Greenmount Cemetery

Date March 26 1907

Undertaker Henry W. Brears, Jr.

Address 7 West North Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 99515 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 2 N. Barney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Hochuleine

{ Residence, if in Baltimore, Give Street and Number. } 2 N. Barney St

Duration of Residence in Baltimore. 50 yrs

399575

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: September 29 1831

AGE: 75 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Wm F Hochuleine Son

(Address) 2 N Barney St

Filed 3/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3.30

.....M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

Knocked down by a team recklessly driven by Jno Wallace Feb 20 1907

and injured about the head & body (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr M Leonhardt M.D.

Address Coroner

Date March 22 1907

Place of Burial Western Cem

Date March 25th 1907

Undertaker E Schloman & Son

Address 109 Hanover St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married **or** single) of the person deceased, and the **cause and date of death.**

Ward 10 — 9516 — Registered No. B 9516

CERTIFICATE OF DEATH.

(Place of Death.) No. 1101 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Schwartz

{Residence, if in Baltimore, Give Street and Number.} 1101 N. Carey

Duration of Residence in Baltimore. 56 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Feb 1st 1830

AGE: 77 years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dorothea

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dorothea

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlotte Schwartz

(Address) 1101 N. Carey St

Filed 3/25 1907 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Feby 17 1906 to Mch 23rd 1907

that I last saw him alive on Mch 22 1907,

and that death occurred, on the date stated above, at 9.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 13 Months

Contributory (Primary) General Dropsy and Exhaustion (DURATION) 2 Days

(Signed) Henry C. Ahlers M.D.

Address 1203 W. Fayette St

Date Mch 23 1907

Place of Burial St Pauls Cemetery Druid Hill Ave

Date Mon 25th 1907

Undertaker Geo Weber

Address 1166 N. Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 9863 — Registered No. B 5904 — 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1630 W Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude S Sleiva

{Residence, if in Baltimore, Give Street and Number.} 1630 W Baltimore St

Duration of Residence in Baltimore. I do not know

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 2nd 1825

AGE: 81 years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Europe

FULL NAME OF FATHER: Geo Bischman

BIRTHPLACE OF FATHER (State or country): Europe

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1630 W. Baltimore St

Filed 3/25 1907 ✓

HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 22 1907

I HEREBY CERTIFY, That I attended deceased from Mar 1 1907 to Mar 22 1907

that I last saw her alive on Mar 22 1907,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins ave

Date 190

Place of Burial London Park

Date Mar 26 1907

Undertaker Geo J Smith & Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99558

City of Baltimore, (No. 317, Warren Ave s.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susanah McGee.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: August 12 1839 (Month) (Day) Year)

AGE: 68 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Charles G. Paslop

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Scaddie

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Carrie E. Mc. Gee.

(Address) 317 Warren Ave.

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23. 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mch. 13. 1907 to Mch. 23 1907 that I last saw h[er] alive on Mch. 22 1907, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) DAYS

Contributory Coma

(DURATION) 10 DAYS

(Signed) Alfred Vanstale, M. D.

Mch 24 1907 (Address) 921 Cathedral St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Oliver Cemetery	March 25 1907
UNDERTAKER	**ADDRESS**
Armstrong & Denny Co.	715 Light St.

WM. J. C. DULANY CO., BALTIMORE

Ward 10 99519 Registered No. B 99519

CERTIFICATE OF DEATH.

(Place of Death.) No. 1016 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William O. Schroeder

{Residence, if in Baltimore, Give Street and Number.} 1016 N. Calhoun

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: January 14 1881

AGE: 26 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Connecticut

FULL NAME OF FATHER: Albert F. Schroeder

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Ulbrich

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert F. Schroeder

(Address) 1016 n. Calhoun St.

Filed 3/25 1907

HARRY C. ANDREAS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 22 1907

I HEREBY CERTIFY, That I attended deceased from Mar 6 1907 to Mar 22 1907

that I last saw h[illegible] alive on Mar 22 1907,

and that death occurred, on the date stated above, at 1143 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Carcinoma

about 3 mo (DURATION) DAYS

Contributory (Primary.) Exhaustion

1 (DURATION) DAYS

(Signed) H. E. Smith M.D.

Address 1102 W. Lanvale

Date Mar 23 1907

Place of Burial Western Cemetery

Date March 25 1907

Undertaker Jos. Joerdens. Son

Address 217 S. Paca st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99520

City of Baltimore, (No.) 1015 Forrest Place St.; 10th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth McHale

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Not Known (Month) (Day) 1847 (Year)

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Neil

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Kane

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Nothing.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin J. McHale

(Address) 1015 Forrest Place

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 23 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 17 1907 to Mar 22 1907 that I last saw h alive on Mar 22 1907, and that death occurred, on the date stated above, at 4.45 A.M. The CAUSE OF DEATH was as follows:

General Debility

(DURATION) 14 DAYS

Contributory Empyema

(DURATION) 15 DAYS

(Signed) J. B. Saunders M. D.

Mar 23 1907 (Address) 219 E Pleasant

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: March 26 1907

UNDERTAKER: Chas. E. Fraver — ADDRESS: Chas. F. & H. Fraver

WM. J. C. DULANY CO., BALTIMORE

Ward 7 — 99321 — Registered No. B 99321

CERTIFICATE OF DEATH.

(Place of Death.) No. 800, S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Bochenska

{Residence, if in Baltimore, Give Street and Number.} 800, S. Broadway

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ——— 1878

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Thomas Wardoski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Francis Rzadziela

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Bochenski

(Address) 800 S Broadway

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from March 4 1907 to March 24 1907 that I last saw h— alive on March 24 1907, and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Peritonitis

(DURATION) 3 DAYS

Contributory (Primary.) Following Confinement

Not assisted (DURATION) DAYS

(Signed) J Valentine M.D.

Address 16 S Broadway

Date March 25 1907

Place of Burial Holy Rosary

Date 26 March 1907

Undertaker Jacob Tiatkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

Registered No. B 95522

95522

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 224 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Hoffman

{Residence, if in Baltimore, Give Street and Number.} 224 Chestnut St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 43 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Balt. Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/25 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 2 1907

I HEREBY CERTIFY, That I attended deceased from Comatose 190 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 2

9 M. CAUSE OF DEATH (Secondary or Immediate)

Double Pneumonia

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

Signed) Benj. D. Stanley Crandall M.D.

Address 216 N Carrollton Ave

Date Mar. 22. 1907

Place of Bur JOHNS HOPKINS HOSPITAL

Date ..... 190.....

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

93

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 99523 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 Wayne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Clark

{Residence, if in Baltimore, Give Street and Number.} 225 W. Camden St

Duration of Residence in Baltimore. 6 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH Don't know

AGE 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Newberne S. C.

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED Don't know

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs L Smith

Address 225 W Camden St

Filed 3/25 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 1.50 M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo M Feinhardt M.D.

Address Coroner

Date March 21 190 7

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 22 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO. Baltimore

FOR ANATOMICAL PURPOSES

City to bury Body at Hospital

95

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 1 99524 Registered No. B 99524

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Stevenson

{Residence, if in Baltimore, Give Street and Number.} Druid Circle Md

Duration of Residence in Baltimore. June 3 13 1907

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Negro

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/20 1907 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3/20 1907

I HEREBY CERTIFY, That I attended deceased from 3/13 1907 to 3/20 1907 that I last saw h alive on 3/20 1907, and that death occurred, on the date stated above, at 12 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary) Nephritis

(DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address Johns Hopkins Hospital

Date 3/22 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 22 1907 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10 W

Ward W 99525 Registered No. B 99525

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 622 W Lombard St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Bella Jones.

{Residence, if in Baltimore, Give Street and Number.} Easton Maryland -

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH May 30 - 1889

AGE 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Easton Md -

FULL NAME OF FATHER Jacob Jones

BIRTHPLACE OF FATHER (State or country) Easton Md -

MAIDEN NAME OF MOTHER Bella Jones

BIRTHPLACE OF MOTHER (State or country) Easton Md -

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/25 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 - 1907

I HEREBY CERTIFY, That I attended deceased from March 19 1907 to March 22 1907 that I last saw her alive on March 22 1907, and that death occurred, on the date stated above, at 1:20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

..... (DURATION) 4 hours

Contributory (Primary) Acute Parenchymatous Nephritis (DURATION) indefinite DAYS

(Signed) R. O. Dells M.D.

Address 622 N. Lombard St.

Date March 22 - 1907

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date Mar 23 1907

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

104

Ward 1 — Registered No. B 99526

CERTIFICATE OF DEATH.

(Place of Death.) No. 2226 Cambridge St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James J. Ayres

{Residence, if in Baltimore, Give Street and Number.} 2226 Cambridge St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 22d 1838

AGE: 68 years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James J. Ayres

BIRTHPLACE OF FATHER (State or country): Penn.

MAIDEN NAME OF MOTHER: Ellen Sapp

BIRTHPLACE OF MOTHER (State or country): Penn.

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Ayres

(Address) 2226 Cambridge St

Filed 3/25 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 22 1907

I HEREBY CERTIFY, That I attended deceased from March 22 1907 to March 22 1907 that I last saw him alive on March 22 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe

about (DURATION) 4 DAYS

Contributory (Primary.)

Heart Failure (DURATION) 1 DAYS

(Signed) Grover Ellis M.D.

Address 1937 Gough St

Date March 25, 07 190

Place of Burial Baltimore Cemetery

Date March 25" 1907

Undertaker HENRY SANDER & SONS

Address S. E. Cor. Broadway & Baltimore Sts. and 1708-1710 Orleans Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

104

Ward ..... 99527 Registered No. B 99527

CERTIFICATE OF DEATH.

(Place of Death.) No. 3108 O'Donnell St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name John McClure

{Residence, if in Baltimore, Give Street and Number.} 3108 O'Donnell St.

Duration of Residence in Baltimore. 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH March 19th 1820

AGE 87 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed.

BIRTHPLACE (State or country) Penn.

FULL NAME OF FATHER John McClure,

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Martha Griffin

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. F. Garrett

(Address) 3108 O'Donnell St.

Filed 3/25 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1907

I HEREBY CERTIFY, That I attended deceased from March 21 1907 to March 23 1907

that I last saw him alive on March 23 1907

and that death occurred, on the date stated above, at 8 56 A. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(acute) (DURATION) 14 DAYS

Contributory (Primary.) Senility (DURATION) — DAYS

(Signed) W. H. Wright M.D.

Address N. W. Canton & Dillon Sts.

Date March 26 1907

Place of Burial Mt. Carmel Cemetery

Date March 25th 1907

Undertaker N. Sondheim & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 99528 Registered No. B 99528 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1401 Lambert St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Otto Muhlenfeld

{Residence, if in Baltimore, Give Street and Number.} 1401 Lambert St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 25 1871

AGE 35 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Frederick Muhlenfeld

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Krater

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Picture Framer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Muhlenfeld (wife)

(Address) 1401 Lambert St

Filed 3/25 1907 HENRY C. ANDREWS PERMIT CLERK. Registrar ✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1907

I HEREBY CERTIFY, That I attended deceased from ~~March 23 1907~~ to March 23 1907

that I last saw h alive on March 23 1907,

and that death occurred, on the date stated above, at 3.15 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Acute Nephritis

(DURATION) DAYS

(Signed) Otto Muhlenfeldt M.D.

Address Coroner

Date March 25 1907

Place of Burial St. Patrick's Cem.

Date March. 26th 1907

Undertaker HENRY SANDER & SONS

Address S. E. Cor. Broadway & Baltimore Sts and 1700-1710 Linden Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 99529

99529

CERTIFICATE OF DEATH.

(Place of Death.) No. 209 N. Wolfe st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank A. Waldhauer

{Residence, if in Baltimore, Give Street and Number.} 209 N. Wolfe

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 23 1823

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Michael Waldhauer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Fund

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Sup. Superintendent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Barbara Waldhauer

(Address 209 N. Wolfe st.

Filed 3/25 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23d 1907

I HEREBY CERTIFY, That I attended deceased from Dec 14th 1905 to March 23d 1907 that I last saw him alive on March 22d 1907, and that death occurred, on the date stated above, at 12.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Aneurism of Thoracic Aorta

(DURATION) 15 days.

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Swigwood M.D.

Address 5 N. Washington ave.

Date March 24th 1907.

Place of Burial Holy Redeemer

Date March 26 1907

Undertaker Jos. J. Herz

Address 1914 E. Fayette st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 99530

99530

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1738 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles J. Brunner

{Residence, if in Baltimore, Give Street and Number.} 1738 E. Lombard St

Duration of Residence in Baltimore Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 5 1872

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jos. Brunner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Werner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Brunner

(Address) 1738 E. Lombard

Filed 3/25 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24, 1907

I HEREBY CERTIFY, That I attended deceased from March 1, 1907 to March 24, 1907

that I last saw him alive on March 23, 1907,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 6 DAYS

Contributory (Primary.) Pneumonia (DURATION) 22 DAYS

(Signed) W. J. Spotts, M.D.

Address 116 S. Broadway

Date March 25, 1907.

Place of Burial Holy Redeemer

Date March 26 1907

Undertaker Jos. J. Kerr

Address 1914 E. Fayette st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 9953 Registered No. B 9953

CERTIFICATE OF DEATH.

(Place of Death.) No. 536 W. Biddle St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Maria F. Murray

{ Residence, if in Baltimore, Give Street and Number. } 536 W. Biddle

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH ——— 1

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nelson Murry

(Address) 536 W Biddle St

Filed 3/25 1907

GALLERY OF ANDREWS PATENT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 14 1907 to Mar. 22nd 1907 that I last saw h[illegible] alive on Mar. 21st 1907 and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia Coma.

(DURATION) DAYS

Contributory (Primary.) Interstitial Nephritis

(DURATION) DAYS

(Signed) W. J. Carr, Jr. M.D.

Address 515 Mosher St.

Date Mar. 22nd 1907

Place of Burial Mt. Auburn

Date March 25 1907

Undertaker R. J. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 99532 — Registered No. B ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1844 N. Spring Av — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Leffit Hoffman

{Residence, if in Baltimore, Give Street and Number.} 1844 N Spring Av

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: —

AGE: 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER: Wilson Green

BIRTHPLACE OF FATHER (State or country): N C

MAIDEN NAME OF MOTHER: Ella Green

BIRTHPLACE OF MOTHER (State or country): N C

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1844 N Spring

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 23 1907

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to March 23 1907 that I last saw h-- alive on March 23 1907, and that death occurred, on the date stated above, at 1.13 P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia Contributory Heart

(DURATION) 9 DAYS

Contributory (Primary.) Heart

(DURATION) 9 DAYS

(Signed) B. W. Kennard M.D.

Address 707 Eutaw St

Date March 24 1907

Place of Burial Charlotte N. C.

Date March 26 — 1907

Undertaker R A Elliott

Address 306 Rogers Ave

WM. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 99533

99533

CERTIFICATE OF DEATH.

96

(Place of Death.) No. 128 S. Bethel St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George Lee

{Residence, if in Baltimore, Give Street and Number.} 128 S. Bethel

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR Black

DATE OF BIRTH 1888

AGE 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Squire Lee

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Florence Hawkins

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Boot Black

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Smith

(Address) 1503 Ten foot al.

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23rd 1907

I HEREBY CERTIFY, That I attended deceased from March 19th 1907 to March 23rd 1907 that I last saw h[illegible] alive on March 22 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Same

(DURATION) DAYS

(Signed) J. L. Winner M.D.

Address 1733 Balt

Date March 23 1907

Place of Burial Richmond Va via Shanks Wharf

Date March 26 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 99534 Registered No. B 99534

CERTIFICATE OF DEATH.

(Place of Death.) No. 934 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A Chronister

{Residence, if in Baltimore, Give Street and Number.} 934 Argyle Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR white

DATE OF BIRTH Sept 15th 1888

AGE 19 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER George Stewart

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah A. Baum

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Chronister

Address 934 Argyle Ave

Filed 3/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from January 1907 to March 1907 that I last saw h- alive on March 24 1907 and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pernicious Anemia

A. H. Smith (DURATION) DAYS

Contributory (Primary.)

Not Known (DURATION) DAYS

(Signed) P. L. Davis M.D.

Address 900 N Fulton Ave

Date March 24th 1907

Place of Burial Green Cathedral

Date March 26th 1907

Undertaker M. Fackenthal & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 99535 Registered No. B 99535

CERTIFICATE OF DEATH.

(Place of Death.) No. 1621 Penna Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes M Luby

{Residence, if in Baltimore, Give Street and Number.} 1621 Penna Ave

Duration of Residence in Baltimore..... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: July 14th 1906

AGE: ..... years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Michael Luby

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Heillman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Luby

(Address) 1621 Penna Ave

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24th 1907

I HEREBY CERTIFY, That I attended deceased from March 20th 1907 to March 24th 1907

that I last saw h.. alive on March 23 1907

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Catarrhal Enteritis

Asthenia.

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) 4 DAYS

(Signed) Jno T McCarthy M.D.

Address 656 W Franklin st

Date March 25th 1907

Place of Burial Green Cathedral

Date March 25th 1907

Undertaker M Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99536

City of Baltimore, (No. 1825 Montrose St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Catherine Erb

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White.

DATE OF BIRTH ..... (Month) ..... (Day) 1854. (Year)

AGE 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Barton, Maryland.

FULL NAME OF FATHER Patrick Tansey.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Ex-Stockfeeder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Erb

Address 1826 Montrose St

Filed 3/25 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 17 1907 to March 23 1907 that I last saw him alive on March 23 1907, and that death occurred, on the date stated above, at 6-30 P. M. The CAUSE OF DEATH was as follows:

Gangene of Left arm.

(DURATION) 150 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) D. W. Cattell M. D.

March 23 1907 (Address) 308 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Crow Cathedral

DATE OF BURIAL March 27 1907

UNDERTAKER A. Fahey & Sons

ADDRESS 606 Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 99537 Registered No. B 99537

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Johns Hopkins Hospital Baltimore City St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary E. Willcox.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Two month.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: 1

AGE: 42 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Virginia.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. R. McElwee

(Address) Joh Hopkins Hospital

Filed 3/25 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 24th. 1907.

I HEREBY CERTIFY, That I attended deceased from Jan 22 1907 to March 24 1907 that I last saw her alive on March 24 1907 and that death occurred, on the date stated above, at 5.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) S. Shouse M.D.

Address Johns Hopkins Hospital

Date MAR 25 1907 190

Place of Burial Norfolk Va.

Date MAR 26 1907 190

Undertaker Wm. J. C. Dulany

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40 V

CERTIFICATE OF DEATH.

Registered No. B 99538

City of Baltimore, (No. 1629, Hakesley Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Anna Freede

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Casper E. Bruns

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Bollman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Alles

(Address) 628 N. Patterson Park Ave.

Filed 3/25 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1907 to Mar 23 1907 that I last saw her alive on Mar 23 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Cancer of Stomach

4 months (DURATION) DAYS

Contributory Exhaustion

(DURATION) 100 DAYS

(Signed) A. M. Macdonald M. D.

Mar 23 1907 (Address) 15 N. Bolton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: March 26 1907

UNDERTAKER: Henry Heck & Son — ADDRESS: 1301 E. Eager

Ward 7 Registered No. B 99539

99539

CERTIFICATE OF DEATH.

(Place of Death.) No. 1019 Ashland Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Terrence O'Neill

{Residence, if in Baltimore, Give Street and Number.} 1019 Ashland Ave.

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 35 years, ... mo's, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER John O'Neill

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Reilly

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Meat Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate O'Neill

Address 1019 Ashland Ave.

Filed 3/25 1907 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23rd 1907

I HEREBY CERTIFY, That I attended deceased from About Dec 1906 to Mch 23rd 1907

that I last saw h[illegible] alive on about Mch 20th 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Phthisis

(DURATION) 120 DAYS

(Signed) Wm D Reynolds M.D.

Address 607 N Eliot

Date March 24th 1907

Place of Burial New Cathedral Cemetery

Date March 25th 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 99540 Registered No. B 99540

CERTIFICATE OF DEATH.

(Place of Death.) No. 1539 Pennsylvania Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sandore Burtnick

{Residence, if in Baltimore, Give Street and Number.} 1539 Pennsylvania Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 16 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Nathan Burtnick

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bertha Tepler

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Burtnick

(Address) 1541 Penna Ave

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1907

I HEREBY CERTIFY, That I attended deceased from March 11 1907 to March 25 1907 that I last saw h[illegible] alive on March 25 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Tuberculosis

(DURATION) 365 DAYS

Signed) Jno Kostin M.D.

Address 852 W. Northern

Date March 25 1907

Place of Burial Washington Rd Hebrew

Date Mar 25, 1907

Undertaker Mat Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 99541 Registered No. B 99541

CERTIFICATE OF DEATH.

(Place of Death.) No. 2127 Ellwing Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary M. Burkett

{Residence, if in Baltimore, Give Street and Number.} 2127 Ellwing Alley

Duration of Residence in Baltimore. 58 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1870

AGE 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jno C. Burkett

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Rachael Burks

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Burkett

(Address) 2127 Ellwing Alley

Filed 3/25 1907 HARRY T. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1907

I HEREBY CERTIFY, That I attended deceased from March 21 1907 to March 23 1907 that I last saw h[illegible] alive on March 23 1907, and that death occurred, on the date stated above, at 4.30 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Capillary Bron
Chronic Cardiac Dis
Senility.
Final coma (DURATION) — DAYS

Contributory (Primary.) Exposure & old age (DURATION) — DAYS

(Signed) Edward J. Whalley M.D.

Address 1220 E. Mulberry St

Date March 23 1907

Place of Burial Laurel Cemetery

Date March 25 1907

Undertaker Felix B. Pyle

Address 52 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 Registered No. B 99542

99542

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 615 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lilly Robinson

{Residence, if in Baltimore, Give Street and Number.} 615 E. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: May 11 1904

AGE: 2 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Wm. L. Robinson

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Maggie Hunt

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Wm. L. Robinson

(Address 615 E. Lombard St.

Filed 3/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 24 1907

I HEREBY CERTIFY, That I attended deceased from Mar 2 1907 to Mar 23 1907

that I last saw her alive on Mar 22 1907,

and that death occurred, on the date stated above, at 1-45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

DURATION 3 DAYS

Contributory (Primary.) Exhaustion

DURATION — DAYS

(Signed) Benj. B. Hayden M.D.

Address 1216 E. Caroline St

Date Mar. 26 1907

Place of Burial Asbury Cemetery

Date Mar 26th 1907

Undertaker Chas. G. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 99548 — Registered No. B ... V

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 Emory st — St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothea Dahle

{Residence, if in Baltimore, Give Street and Number.} 218 Emory st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH March 7th 1831

AGE 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs D Cobb

(Address) 218 Emory st

Filed 3/25 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24th 1907

I HEREBY CERTIFY, That I attended deceased from Febry 13th 1906 to March 24th 1907 that I last saw her alive on March 23rd 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

13 Months (DURATION) DAYS

Contributory (Primary.)

Prostration (DURATION) 21 DAYS

(Signed) Chas L. Gubkenbohn M.D.

Address 918 S. Ann st

Date March 24th 1907

Place of Burial Bal Cemetery

Date March 26th 1907

Undertaker Geo Lewisback & Son

Address 647 W Pratt st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 1 99541 Registered No. B 99541

CERTIFICATE OF DEATH.

(Place of Death.) No. 2024 Canton av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Donnelly

{Residence, if in Baltimore, Give Street and Number.} 2024 Canton av.

Duration of Residence in Baltimore. About 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Not Known 1

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Patrick Gallagher

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Gilloy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Donnelly

Address 2024 Canton av

Filed 5/25 1907 HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1907

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to May 24 1907 that I last saw h[illegible] alive on April 21 1907 and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of stomach

(DURATION) 8 DAYS

Con ributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date May 25 1907

Place of Burial Holy Cross

Date May 26 1907

Undertaker E. J. Canning

Address 1938 E Lafayette av

WM. J. C. DULANY CO. Baltimore

And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Section 2.

Ward 2

Registered No. B 9545

CERTIFICATE OF DEATH.

(Place of Death.) No. 863 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas F Manion

{Residence, if in Baltimore, Give Street and Number.} 863 Ramsay st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 13 1881

AGE: 30 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Michael Manion

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Mullin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Box Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Titlow

(Address) 863 Ramsay st

Filed 3/25/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23rd 1907

~~863 Ramsay~~

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to March 23 1907

that I last saw him alive on March 23 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe & Pneumonia

1 month (DURATION) DAYS

Contributory (Primary) Carcinoma

(DURATION) 1 DAYS

(Signed) J. E. Moore M.D.

Address 853 Columbia ave

Date March 25 1907

Place of Burial St Peters

Date March 26 1907

Undertaker John Gowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IX 99546 Registered No. B 99546 175 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Jno. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur M Shank (Shanks)

{ Residence, if in Baltimore, Give Street and Number. } Cruse Hotel No Eutaw St

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH aug 26 1874

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Easton Shank

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Jewelry Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. E.R. Shank.

(Address) White Post V. a

Filed 3/25 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Laudanum Poison, Drug taken to relieve Pain accident

(DURATION) DAYS

Contributory (Primary.) few hours

(DURATION) DAYS

(Signed) Patrick O Mahony M.D.

Coroner

Address

Date 3/24 1907

Place of Burial Winchester Va

Date Mar. 27th 1907

Undertaker Geo Burk

Address 514 N Bond St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward

Registered No. B 99547

CERTIFICATE OF DEATH.

Place of Death. No. 1110½ Division St.

If Death occurred in Hospital or Institution give its Name instead of Street and Number

Full Name James L. Dodson

{ Residence, if in Baltimore, Give Street and Number. } 1110½ Division St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: cd

DATE OF BIRTH: Oct 23 1906

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph Dodson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Victoria Noble

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Victoria Dodson

Address: 1110½ Division St

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24 1907

I HEREBY CERTIFY, That I attended deceased from March 22 1907 to March 24 1907

that I last saw h ie alive on March 24 1907

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate): Ileo-colitis acute

General mchs — DURATION — DAYS

Contributory (Primary) Intussusception duct — DURATION — DAYS

(Signed) Edward J. Wheatley M.D.

Address 330 Dillon Ave.

Date March 25 1907

Place of Burial W. Woodlawn

Date 3/25 1907

Undertaker Alex Hensley

Address 1578 W. Baltimore

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 99548 — Registered No. B 99548

15/4

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 N. Curley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Brchal

{Residence, if in Baltimore, Give Street and Number.} 26 N. Curley st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 19 1907

AGE: ____ years, ____ months, 6 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: ____

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Jos Brchal

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Louisa Rericha

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Jos Brchal

Address: 26 N. Curley st

Filed 3/25 1907 — HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 25th 1907

I HEREBY CERTIFY, That I attended deceased from March 19 1907 to March 24 1907

that I last saw him alive on 3/24 1907,

and that death occurred, on the date stated above, at 3.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth
+ jaundice

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Hearn M.D.

Address 156 milton Ave

Date March 25 1907

Place of Burial Mt Olivet Cemetery

Date MAR 25 1907 190

Undertaker Christian Miller.

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 99549 Registered No. B 99549 V 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Impson

{Residence, if in Baltimore, Give Street and Number.} 426 Hanover st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR white

DATE OF BIRTH

AGE 14 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BAY VIEW ASYLUM.

(Informant)

(Address) Lemar Hollyday, Supt.

Filed 3/25/07 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from Sept 28 1906 to March 24 1907 that I last saw h alive on March 24 1907, and that death occurred, on the date stated above, at 6.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Vosseller M.D.

Address Bay View Hospl.

Date March 24 1907

Place of Burial Baltimore Cemetery

Date Mar 25th 1907

Undertaker Geo J Smith & Co

Address 1000 N. Fayette st

(SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99550

City of Baltimore, (No. 1928 Edmondson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Ann Roberts

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 2 (Day) 1829 (Year)

AGE: 77 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Samuel James

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Ann M Cooper

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Roberts

(Address) 1928 Edmondson Ave

Filed 3/25 1907 HARRY C. ANDR[illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 8 1907 to Mar 24 1907 that I last saw h[illegible] alive on 24 1907, and that death occurred, on the date stated above, at 3:15 P. M. The CAUSE OF DEATH was as follows:

Edema Lungs

(DURATION) 6 DAYS

Contributory Hypostatic Congestion

(DURATION) 4 days DAYS

(Signed) Paul Fellows M. D.

MAR 25 1907 (Address) Lafayette & Carrollton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount | DATE OF BURIAL: Mar 26 1907

UNDERTAKER: W. J. Tickner & Son | ADDRESS: 425 N. Camden

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B 99554

City of Baltimore, (No. 1205 Mosher St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E.Hedley,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 26 (Day) 1839 (Year)

AGE: 67 years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore City.

FULL NAME OF FATHER: John C.Baker,

BIRTHPLACE OF FATHER (State or country): Talbot Co.Md.

MAIDEN NAME OF MOTHER: Catherine Boone,

BIRTHPLACE OF MOTHER (State or country): Balto.Co.Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harrison McKewen

(Address) 1205 Mosher St

Filed 3/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 23d (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 15th 1907 to March 23 1907 that I last saw her alive on March 22 1907, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) E. Miller Reid, M. D.

March 24 1907 (Address) 904 N. Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western	March 26 1907
UNDERTAKER	ADDRESS
Geo W.Little,	531 N.Fremont

WM. J. C. DULANY CO., BALTIMORE

Ward 7 99552 Registered No. B 99552

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 2820 Huntington Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Martha A. Bruce

{Residence, if in Baltimore, Give Street and Number.} 2820 Huntington Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1849

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Spiritualist Medium

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Shock Internal Injuries, Cerebral Hemorrhage

results of a fall from

near porch March 19 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Hamilton Cuttenden M.D.

Address 1818 Chas

Date March 25 1907

Place of Burial St Mary Cem Woodberry

Date March 26 1907

Undertaker Wm Cook

Address 502 E Pratt Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 99553 Registered No. B 99553

CERTIFICATE OF DEATH.

93 v

(Place of Death.) No. 608 S Milton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anton Hohlkamp.

{ Residence, if in Baltimore, Give Street and Number. } 608 S Milton Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: — 1834

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John Hohlkamp

(Address) 608 S Milton Ave

Filed 3/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23rd 1907

I HEREBY CERTIFY, That I attended deceased from March 12th 1902 to March 23d 1907 that I last saw him alive on March 23 1907, and that death occurred, on the date stated above, at 8.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

E. Pneumonia

(DURATION) ... DAYS

Contributory (Primary.) Pneumonia

(DURATION) ... DAYS

(Signed) Herman Glenn M.D.

Address 1937 Eastern Ave.

Date March 25th 1907

Place of Burial St Alphonsus.

Date March 26 1907

Undertaker Wm Cook

Address 502 E. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99554

City of Baltimore, (No. 3113½ W. North Av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ferdinand A. Hiller

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Feby 24 1 (Month) (Day) Year)

AGE 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower.

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Hiller

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Christiane Sachse

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Hod Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm G. Hiller

(Address) 3113½ W. North Ave

Filed 3/25 1907

MARY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 24 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 11 1907 to Mar 24 1907 that I last saw h m alive on Mar 23 1907, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

3 mos. (DURATION) ..... DAYS

Contributory Asthma

(DURATION) 6 DAYS

(Signed) Saml S Houston M. D.

3/25 1907 (Address) 3316 W North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL Mch 26 1907

UNDERTAKER Wm Cook

ADDRESS 802 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

99555

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99555

City of Baltimore, (No. 1236 N Gay St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Paul Stinson Colburn

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) ..... Year)

AGE 53 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER E. F. Colburn

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosetta Colburn

(Address) 1236 N Gay St.

Filed 3/25 1907

EARL C. ADAMS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 12 1907 to March 22 1907

that I last saw h[illegible] alive on March 22 1907,

and that death occurred, on the date stated above, at 1 PM

.....M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

(DURATION) 160 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) G R Eversfield M. D.

March 23 1907 (Address) 100 W 25

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Greenmount Cem. | DATE OF BURIAL March 26 1907

UNDERTAKER Wm Foos & Co | ADDRESS 602 E Fayette Av

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 99556 Registered No. B 99556

CERTIFICATE OF DEATH.

(Place of Death.) No. 526 N. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Flood

{Residence, if in Baltimore, Give Street and Number.} 526 N Eutaw

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	2-28-1838 1838
AGE	69 years — months — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	do not know
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	do not know
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Storekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fahey

(Address) 1253 Williams

Filed 3/25 1907 HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 23 1907 that I last saw h[er] alive on March 23 1907, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate

General Bronchitis

Bronchio-Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Myocarditis

(DURATION) DAYS

(Signed) Charles O'Donnell M.D.

Address 10 E. Read St

Date March 25 1907

Place of Burial New Cathedral

Date Mar 26 1907

Undertaker John J Fahey

Address 1232 Williams

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 — Registered No. B 99353

CERTIFICATE OF DEATH.

63

(Place of Death.) No. 424 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louisa M. Wilkerson

{Residence, if in Baltimore, Give Street and Number.} 424 N. Gilmor

Duration of Residence in Baltimore. 35 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mulatto

DATE OF BIRTH: Jan 9th 1847

AGE: 60 years, One months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Ludwell Parker

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Margaret Clark

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J.M. Freeland

(Address) 428 N. Gilmor St.

Filed 3/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 23 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1 1907 to March 23 1907 that I last saw h r alive on March 22 1907 and that death occurred, on the date stated above, at 8.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Sclerosis of spine and brain

About 6 mos DURATION ——— DAYS

Contributory (Primary.) Cuma - one week DURATION ——— DAYS

(Signed) John D. King M.D.

Address 1425 Eutaw Pl -

Date March 23 1907

Place of Burial Laurel Cemetery

Date March 26th 1907

Undertaker Geo. B. Pape

Address 102 E. Lexington St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 99558

99558

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Green

{Residence, if in Baltimore, Give Street and Number.} 225 N Broadway

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Green

(Address) 225 N Broadway St.

Filed 3/25 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .. to March 23 1907

that I last saw h.. alive on March 23 1907

and that death occurred, on the date stated above, at 4 25 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral hemorrhage

..... (DURATION) DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) E S T Richardson M.D.

Address Johns Hopkins Hospital

Date March 24 1907

Place of Burial Laurel Cemetery

Date March 26th 1907

Undertaker Felix Pope

Address 1026 Mulberry st.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 99559

Ward

99559

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name William Downie

{Residence, if in Baltimore, Give Street and Number.} 215 Hutton St. East

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White.

DATE OF BIRTH .....

AGE 42 years, ... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Barkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant .....

Address .....

Filed 3/25 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 25 1907

I HEREBY CERTIFY, That I attended deceased from Mar 6, 1907 to Mar 25, 1907

that I last saw h.im alive on Mar 25

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Contributory (Primary) Pulmonary Tuberculosis (DURATION)

Contributory (Primary) Asthma (DURATION)

(Signed) C. C. Lingo, M.D.

Address Md. Gen. Hospital

Date Mar. 25.

Place of Burial Washington

Date March 25

Undertaker Robt. J. Brook

Address Calhoun & Hoffman

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 Registered No. B 95060

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. A Brown

{Residence, if in Baltimore, Give Street and Number.} 503 Vincent St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: colored

DATE OF BIRTH: Feb. 12. 1906

AGE: 1 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: John H. Brown

BIRTHPLACE OF FATHER (State or country): Balt.

MAIDEN NAME OF MOTHER: Mary Cove

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Brown

(Address) 503 Vincent Alley

Filed 3/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 24 th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 .....

that I last saw h alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....H. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary) duration

(DURATION) DAYS

(Signed) Silas Balcom M.D.

Address 700 Laf. ave. Canton,

Date March 25th 1907

Place of Burial Mt Auburn Cemetery

Date 3-26 1907

Undertaker Filbert B P I E

Address 1003 Mulberry st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Registered No. B 99561

City of Baltimore, (No. 16th house West from Gay St) Vanderhorst Lane (St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry H. Halbaman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Jan 8 1906 (Month) 1 (Day) Year)

AGE: 1 years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Ark.

FULL NAME OF FATHER: Harry H.

BIRTHPLACE OF FATHER (State or country): Phila.

MAIDEN NAME OF MOTHER: Adelia Gerhardt

BIRTHPLACE OF MOTHER (State or country): Texas

OCCUPATION OF DECEASED: ~~Child~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry H. Halbaman

(Address) Vanderhorst Lane

Filed 3/26/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 3 (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 3. 25 1907 to ..... 190.....

that I last saw h... alive on 25 1907, and that death occurred, on the date stated above, at 7 am ..... M. The CAUSE OF DEATH was as follows:

Cancer fever ?

..... (DURATION) ..... DAYS

Contributory Convulsions

..... (DURATION) ..... DAYS

(Signed) J. Chas. Reed M. D.

3.25 1907 (Address) 1201 Eutaw Pl.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore | DATE OF BURIAL: March 26 07

UNDERTAKER: Walter Deal | ADDRESS: 1725 Eutaw Pl.

9 A M.

WM. J. C. DULANY CO., BALTIMORE

Ward 7 99562 Registered No. B 99562

CERTIFICATE OF DEATH.

17 V

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie Robinson

{Residence, if in Baltimore, Give Street and Number.} 626 Jasper St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR Col.

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Taylor Johnson

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mollie Smith

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lincoln Robinson

Address 626 Jasper Street

Filed 3/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from March 4 1907 to March 24 1907 that I last saw her alive on March 24 1907 and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Efficiency

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date March 24 1907

Place of Burial Mt Auburn

Date March 27th 1907

Undertaker Thomas E Wright

Address 1364 Druid Park

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — Registered No. B 99563

99563

CERTIFICATE OF DEATH.

484

Place of Death.) No. 1630 Prestman St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Raymond Jones

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Salisbury Md

FULL NAME OF FATHER: Arthur F Jones

BIRTHPLACE OF FATHER (State or country): Salisbury Md

MAIDEN NAME OF MOTHER: Martha Harman

BIRTHPLACE OF MOTHER (State or country): Salisbury Md

OCCUPATION OF DECEASED: School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Harman

(Address)

Filed 3/26/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24 1907

I HEREBY CERTIFY, That I attended deceased from July 1906 to March 1907 that I last saw him alive on March 15 1907, and that death occurred, on the date stated above, at 8.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic pneumonia.

Cardiac weakness. (DURATION) DAYS

Contributory (Primary.) Arthritis deformans

(DURATION) 3 yrs DAYS

(Signed) Henry M. Fitzhugh M.D.

Address 211 W. Madison St.

Date 3-25 1907

Place of Burial Laurel Cemetery

Date March 26 1907

Undertaker R. S. & A. Watts

Address 506 Roseda Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

99564

Registered No. B 99564

CERTIFICATE OF DEATH.

(Place of Death.) No. 875 Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Horace Moore

{Residence, if in Baltimore, Give Street and Number.} 875 Stockholm

Duration of Residence in Baltimore. 11 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Annie Moore

(Address) 875 Stockholm st

Filed 3/26 1907

HARRY O. ANDREWS, PARKT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from 1907 to 1907

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 6 pm

I. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

Judd 6 DAYS

Contributory (Primary) Dr James

Heart Disease (DURATION) yrs DAYS

(Signed) Wynd Duff M.D.

Address Coroners Office

Date March 25th 1907

Place of Burial Mt. Auburn Cem.

Date March 26th 1907

Undertaker D. L. Brown and Son

Address 102 W Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 99565 Registered No. B 99565

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 564 Bretman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertie Frisby

{Residence, if in Baltimore, Give Street and Number.} 564 Bretman St

Duration of Residence in Baltimore. 4 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX — Female

COLOR Colord

DATE OF BIRTH ..... 1 .....

AGE 25 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER Joseph Frisby

BIRTHPLACE OF FATHER (State or country) Dont know

MAIDEN NAME OF MOTHER Annie Jones

BIRTHPLACE OF MOTHER (State or country) Dont Know

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. S. Frisby

(Address) 807 Leadenhall St

Filed 3/26/07 190.. REGISTRY OF DEATHS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to March 24 1907 that I last saw her alive on March 24 1907, and that death occurred, on the date stated above, at 11 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Thrombosis

(DURATION) 7 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 31 DAYS

(Signed) John S Stuck M.D.

Address 647 W Lafayette Ave

Date March 24 1907

Place of Burial Laurel Cemetery

Date March 27th 1907

Undertaker C. L. Brown and Son

Address 108 W. Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 99566 — Registered No. B 99566

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 20 Railroad Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H. Pearce

{Residence, if in Baltimore, Give Street and Number.} # 20 Railroad Ave

Duration of Residence in Baltimore. 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Aug. 5 - 1849

AGE: 57 years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Levy H. Pearce

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Lee

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Stone Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marion A. Pearce

(Address) 20 Railroad Ave

Filed 3/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24 1907

I HEREBY CERTIFY, That I attended deceased from March 3 1907 to March 24 1907

that I last saw h.. alive on March 23 1907

and that death occurred, on the date stated above, at 11.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) 21 DAYS

(Signed) D. W. Smith M.D.

Address 206 3rd Ave

Date March 25 1907

Place of Burial St. Marys Hampden

Date March 26 1907

Undertaker Horace Burger

Address 3631 Falls Road

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — 99567 — Registered No. B 99567

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital — St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name Alexander Schultz

{Residence, if in Baltimore, Give Street and Number.} 413 S. Paca St.

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: c 1

AGE: 30 years, c months, c days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: c

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: c

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: c

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Svendsen.

(Address) 217 S. Paca St

Filed 3/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 25 1907

I HEREBY CERTIFY, That I attended deceased from Mar 1st 1907 to Mar 25 1907 that I last saw h— alive on Mar 25 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate

Retro-Peritoneal Tumor

(DURATION) 3 Mo DAYS

Contributory (Primary.) Uraemia

(DURATION) DAYS

(Signed) H. H. Hershner M.D.

Address St. Joseph's Hospital

Date Mar 25 1907

Place of Burial Loudon Park

Date March 27 1907

Undertaker Jos. Svendsen, Son

Address 217 S. Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

99568 Registered No. B 99568

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Casmici Avellino

{Residence, if in Baltimore, Give Street and Number.} 817 E. Pratt St. (Avellino)

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR white

DATE OF BIRTH ..... 1.....

AGE 29 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lemuel Holliday, Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 3/26 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to March 24 1907

that I last saw h in alive on March 27 1907 7.30

and that death occurred, on the date stated above, at 8 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Vonks M.D.

Address Bay View Hospital

Date March 24 1907

Place of Burial Sacred Heart.

Date Mch. 26" 1907

Undertaker Evans & Spence

Address 118 & 120 West Royal

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 99569 — Registered No. B 99569

CERTIFICATE OF DEATH.

Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Brown

{ Residence, if in Baltimore, Give Street and Number. } 514. Parrish alley

Duration of Residence in Baltimore. 10 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James T. Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Jackson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: James Brown

Address: 712 North Wincott Alley

Filed March 26th 1907 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 22 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 10 a M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonitis

Gangrene Intestines (DURATION) ... DAYS

Contributory (Primary.) Shot in R Leg bullet also pierced Intestines (DURATION) ... DAYS

(Signed) C. Mann Jones M.D.

Address Coroners Office

Date March 24 1907

Place of Burial Laurel

Date March 26 1907

Undertaker Alford J Freeland

Address 102 North Schroeder St

Shot by Jacob W Johnson P.M. & Duquesne

W. J. C. Dulaney Co.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 — 99570 — Registered No. B

CERTIFICATE OF DEATH. 99570

(Place of Death.) No. 226 N Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jackson

{Residence, if in Baltimore, Give Street and Number.} 226 N Durham

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: May 20 1904

AGE: 2 years, 10 months, 4 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward Jackson

BIRTHPLACE OF FATHER (State or country): St Marys Co Md.

MAIDEN NAME OF MOTHER: Mandy Johnson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mandy Johnson

(Address) 226 N Durham

Filed 3/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to March 24 1907 that I last saw her alive on March 20 1907, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Ulcers
Syphilitic

4 weeks (DURATION) DAYS

Contributory (Primary.) Exhaustion

one week (DURATION) DAYS

(Signed) Adolph C Eisenberg M.D.

Address 2213 Orleans St.

Date March 25 1907

Place of Burial Arbor Court

Date March 26 1907

Undertaker J Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — Registered No. B 99571

99571

CERTIFICATE OF DEATH.

(Place of Death.) No. Julius Hutchins Marshall St. — If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name Lena Ducket.

{Residence, if in Baltimore, Give Street and Number.} 1102 E Pratt St

Duration of Residence in Baltimore. 1 yr.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: 3 years, months, days	
SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: S	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Abraham Duckat	
BIRTHPLACE OF FATHER (State or country): Russia	
MAIDEN NAME OF MOTHER: Annie Finzop	
BIRTHPLACE OF MOTHER (State or country): Russia	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant A. Duckat

Address 1102 E Pratt st

Filed 3/26 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: Mar 24	190 7

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h.... alive on ..... 190 ....,

and that death occurred, on the date stated above, at 11 30

I. CAUSE OF DEATH (Secondary or Immediate)

Body removed by Carr (undertaker)

DURATION DAYS

Contributory (Primary)

DURATION DAYS

(Signed) [illegible] M.D.

Address Coroners Office

Date Mar 25 07 190

Place of Burial Philip Rd Row Dale

Date Mar 26 190 7

Undertaker Wm Lemmon

Address 1620 N Eden ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 1 — 99572 — Registered No. B 99572 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 735 — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fredrick L Grendorf

{ Residence, if in Baltimore, Give Street and Number. } 735 George St —

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug. 4th 1886
AGE	20 years, 7 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Clause H. Grendorf
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Elizabeth Thiemyer
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Reed Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Clause H Grendorf

Address 735 George

Filed 3/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25, 1907

I HEREBY CERTIFY, That I attended deceased from March 19 1907 to March 25 1907

that I last saw h in alive on March 25 1907

and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 6 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jno L. Stifle Md M.D.

Address 901 Myrtle Ave

Date March 25 1907

Place of Burial Lorrain Cemetery

Date March 27th 1907

Undertaker Geo Bentz

Address 574 N Bridle St

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

272

CERTIFICATE OF DEATH.

99573

Registered No. B.....

City of Baltimore, (No. 420 W 25 St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florida Benson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: June (Month) 19th (Day) 1850 (Year)

AGE: 56 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: Thos N Hartley

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Phoebe Hockey

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L B Benson

(Address) 420 W 25th St

Filed 3/26 1907

HARRY O. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Third (Month) 25th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to March 24th 1907 that I last saw her alive on March 24th 1907, and that death occurred, on the date stated above, at 1 30 PM. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) One year

Contributory Heredity

(DURATION) ..... DAYS

(Signed) Geo H. Barnes M. D.

March 25th 1907 (Address) 2102 St Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Ridge — DATE OF BURIAL: March 27th 1907

UNDERTAKER: A F Philbin — ADDRESS: 1711 Mad ave

WM. J. C. DULANY CO., BALTIMORE.

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 99574 Registered No. B 99574 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2127 Jefferson Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. McCloskey

{ Residence, if in Baltimore, Give Street and Number. } 2127 Jefferson Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wht

DATE OF BIRTH: Nov 2nd 1877

AGE: 29 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City of Balto

FULL NAME OF FATHER: Robt J McCloskey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary A Feeney

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt J McCloskey

(Address) 2127 Jefferson place

Filed 3/26 1907 HARRY J. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 25-Uly 1907

I HEREBY CERTIFY, That I attended deceased from March 24-Uly 1907 to March 25-1907 that I last saw h-e alive on March 25-1907, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(Heart failure)

(DURATION) 4 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 4 DAYS

(Signed) Cecil E Stewart M.D.

Address 122 W. 23rd St

Date March 25-Uly 1907

Place of Burial Holy cross

Date March 27th 1907

Undertaker A F Rhulin

Address 1711 Madison

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 99576 Registered No. B 99576

CERTIFICATE OF DEATH.

(Place of Death.) No. 1723 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Larkin L Carroll

{Residence, if in Baltimore, Give Street and Number.} 1723 N. Calhoun St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mc. | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): South Carolina

FULL NAME OF FATHER: Jacob Carroll

BIRTHPLACE OF FATHER (State or country): South Carolina

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna Carroll

(Address) 1723 N. Calhoun

Filed 3/26 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch 25th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1906 to Mch 25th 1907

that I last saw h[illegible] alive on Mch 24th 1907,

and that death occurred, on the date stated above, at 11:45 a. m. CAUSE OF DEATH (Secondary or Immediate

Dropsy & Asthma

(DURATION) 150 DAYS

Contributory (Primary.) Mitral Regurgitation (DURATION) DAYS

(Signed) John T McCaull M.D.

Address 656 W Franklin

Date Mch 26th 1907

Place of Burial Cathedral

Date Mch 27 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 — Registered No. B 99575

99575

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1201 N. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Mary Long

{Residence, if in Baltimore, Give Street and Number.} 1201 N. Franklin St.

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — — — — 1 —

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Conrad Michael

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie K. Feick

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie C Bennett

(Address) 1201 N. Franklin St

Filed 3/26 1907 — HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1907

I HEREBY CERTIFY, That I attended deceased from March 16 1907 to Mch 25 1907

that I last saw her alive on Mch 25 1907

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) — DAYS

(Signed) George C. Shannon M.D.

Address 1442 Preastman St

Date Balto. Md. Mch 26 1907

Place of Burial Loudon Park

Date March 28 1907

Undertaker Wm Cook

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 99577 Registered No. B 99577

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Percy Kuns

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Feb 3rd 1907

AGE ..... years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy -

Filed 3/26 1907 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20th 1907

I HEREBY CERTIFY, That I attended deceased from March 12th 1907 to March 23rd 1907

that I last saw h alive on March 11 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) 20 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fisher M.D.

Address 7. E. Fredk St

Date March 20th 1907

Place of Burial New Cathedral

Date March 20th 1907

Undertaker Metzger Schuppert & Sons

Address 20. Fayette. St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 99578 — Registered No. B 99578 — 151

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~Empty~~ St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eugenia Blick -

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inft. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	Feb. 9th 1907
AGE	..... years, 1 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 3/26 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22nd 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to March 23rd 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 7

a M. CAUSE OF DEATH (Secondary or Immediate)

~~Congenital Debility~~

..... (DURATION) 23 DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. S. Fowler M.D.

Address 7. E. Biddle St.

Date March 26th 1907

Place of Burial Mt. Calvary

Date Mar. 26th 1907

Undertaker Wm. Power & Son

Address 520 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 99579 Registered No. B 99579 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Victoria Madison —

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: C

DATE OF BIRTH: Feb 19th 1907

AGE: ... years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Died 3/26 1907

HENRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24th 1907

I HEREBY CERTIFY, That I attended deceased from March 9th 1907 to March 23rd 1907

that I last saw h[illegible] alive on 11 1907,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fiske M.D.

Address 9. E. Biddle St.

Date March 25th 1907

Place of Burial New Cathedral

Date March 26th 1907

Undertaker, Martin Bailey & Son

Address 406 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 99580 Registered No. B 99580

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Miller —

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infl: Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W.
DATE OF BIRTH	Feb. 19th 1907
AGE	..... years, 1 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant .....

(Address St. V. I. Asy

Filed 3/26 1907 BANK OF ANDREW PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24th 1907

I HEREBY CERTIFY, That I attended deceased from March 12th 1907 to March 23rd 1907

that I last saw h alive on " 1907,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) 30 DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) Jno. Fuchs M.D.

Address 9. E. Biddle St.

Date March 26th 1907

Place of Burial New Cathedral

Date March 26th 1907

Undertaker Tim Daley & Son

Address 106 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 99581 — Registered No. B 99581

CERTIFICATE OF DEATH.

Place of Death.) No. 716 E. Biddle St — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ella Nagle

{ Residence, if in Baltimore, Give Street and Number. } 716 E. Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH .....

AGE 19 years, ... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Nagle

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Bridget Flemming

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Nagle

(Address) 716 E. Biddle St

Filed 3/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24th 1907

I HEREBY CERTIFY, That I attended deceased from March 17th 1907 to March 24th 1907

that I last saw h[illegible] alive on 11 1907,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr. J.S. Finlay M.D.

Address 9. E. Biddle St.

Date March 24th 1907

Place of Burial Cathedral

Date Mar 27 1907

Undertaker H. C. Windefeld

Address 914 Fremont Ave

WM. J. C. DULANY CO., Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99582

City of Baltimore, (No. 1609 W Franklin St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara Henrietta Burkner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 20 (Day) 1871 (Year)

AGE: 35 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Otto Burkner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dora Kuehn

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Burkner

(Address) 1609 W Franklin

Filed 3/26 1907

HARRY C. ANDR[illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to March 25 1907 that I last saw h[illegible] alive on March 24 1907, and that death occurred, on the date stated above, at 9 a m. The CAUSE OF DEATH was as follows:

Typhoid Pneumonia,

(DURATION) 12 DAYS

Contributory

(DURATION) DAYS

(Signed) Robert K Kneas M. D.

March 26 1906 (Address) 1001 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: March 26 1907

UNDERTAKER: [illegible]

ADDRESS: Caudent Pa

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

99583

Registered No. B 99583

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 N 6 ross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F & Schneck

{Residence, if in Baltimore, Give Street and Number.} 710 N 6 ross

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 6 1857

AGE: 49 years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Fredk Leutner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Sherer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Chas. Schneck

(Address: 710 N. 6ross

Filed 3/26 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24 1907

I HEREBY CERTIFY, That I attended deceased from March 23 1907 to March 25 1907

that I last saw h alive on March 23 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

A Tuberculosis.

four months (DURATION) DAYS

Con'ributory (Primary.) —

(DURATION) DAYS

(Signed) A. T. Vondehuz M.D.

Address 1635 W. Fayette St

Date ~~Feb~~ March 25 1907

Place of Burial London Park

Date Mar 26 1907

Undertaker Wm J. Pickenpaugh

Address Camden & Paca

WM. J. C. DULANY CO., Baltimore.

Vonpehuz Fayette near Mount St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 4 — 99584 — Registered No. B 99584

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher Lenthen

{Residence, if in Baltimore, Give Street and Number.} Magnolia, Harford Co. Md

Duration of Residence in Baltimore. Born resident

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 11 1876

AGE 30 years, 3 months, 16 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) —

FULL NAME OF FATHER Herman Lenthen

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Clara Seebert

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Bridge Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant W. E. Lenthen (brother)

Address Magnolia Harford Co. Md

Filed 3/26 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to March 1907

that I last saw h— alive on March 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

DURATION DAYS

Contributory (Primary) Accidental Fall from ladder DURATION DAYS

(Signed) Benj. H. Hampton, Coroner No.

Address 216 E. Caroline st.

Date March 26th 1907

Place of Burial Magnolia Md

Date March 26 1907

Undertaker H. Sanders & Son

Address 1708-1710 Canton Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7th 99385 Registered No. B 99385

CERTIFICATE OF DEATH.

(Place of Death.) No. 404 Druid St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name August Rieper

{ Residence, if in Baltimore, Give Street and Number. } 404 Druid St

Duration of Residence in Baltimore. 62 —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH — 1845

AGE 61 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C Rieper

(Address) Philadelphia Road

Filed 3/26 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from Mar 20 1907 to 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Duration (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address 1002 W Lafayette Ave

Date March 25 1907

Place of Burial Loudon Park

Date Mar 26 1907

Undertaker Robt J Runch

Address Bray & Rieper

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 99586 — Registered No. B 99586

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Crowley

{Residence, if in Baltimore, Give Street and Number.} 1800 N. Dallas St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: white

DATE OF BIRTH: — 1849

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 3/26 1907

HARRY O'T ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to March 24 1907 that I last saw h e alive on March 24 1907, and that death occurred, on the date stated above, at 11 30 P.M. CAUSE OF DEATH (Secondary or Immediate) Chronic diffused Nephritis, Double Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.) Exhaustion 8

(DURATION) DAYS

(Signed) R R Voris M.D.

Address Bay View Hospl.

Date March 25 1907

Place of Burial Holy Cross

Date Mar 27 1907

Undertaker Robt J Turner

Address Bray, Virginia

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 99587 Registered No. B 99587

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 724 Hanover St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Maggie Savage

{Residence, if in Baltimore, Give Street and Number.} 724 Hanover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colerd

DATE OF BIRTH: 1

AGE: 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Bal.

FULL NAME OF FATHER: Charles Savage

BIRTHPLACE OF FATHER (State or country): na

MAIDEN NAME OF MOTHER: Lobbie Smith

BIRTHPLACE OF MOTHER (State or country): na

OCCUPATION OF DECEASED: non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lallie Savage

(Address) 724 hanover st

Filed 3/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26 1907 to Mch 24 1907

that I last saw h[illegible] alive on Mch 23 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pt thisis Pulmonalis

(DURATION) (?) DAYS

Contributory (Primary.) Pt thisis P

(DURATION) DAYS

(Signed) H. S. McEard M.D.

Address 136 w Hill St

Date Mch 25 1907

Place of Burial Mt. Auburn Cem.

Date March 26 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 99588

99588

CERTIFICATE OF DEATH.

(Place of Death.) No. 554 Wolfsbie St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward J. Johnson

{Residence, if in Baltimore, Give Street and Number.} 554 Wolfsbie St.

Duration of Residence in Baltimore. about four years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	W

DATE OF BIRTH 1887

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Thos E Johnson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary A. Williams

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

Address .....

Filed 3/26 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 - 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 3 1906 to March 23 1907 that I last saw h[illegible] alive on March 23 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

about five months (DURATION) — DAYS

Contributory (Primary.) Effusion

(DURATION) DAYS

(Signed) Edward J. Whaley, M.D.

Address 230 D. Place

Date March 23 1907

Place of Burial [illegible]

Date [illegible] 1907

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 99589 Registered No. B .....

CERTIFICATE OF DEATH.

99589 64 V

(Place of Death.) No. 2533 Foster Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Owens

{ Residence, if in Baltimore, Give Street and Number. } 2533 Foster Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 4th 1856

AGE: 50 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert Owens

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Susanna Owens

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary V. Owens

(Address) 2533 Foster Ave

Filed 3/26 1907 ROBT. C. ANDREWS, DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24th 1907

I HEREBY CERTIFY, That I attended deceased from March 22 1907 to March 24 1907

that I last saw him alive on March 24 1907

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

1 (DURATION) DAYS

Contributory (Primary.) Coma

(DURATION) DAYS

(Signed) Frank C. Bressler M.D.

Address 1713 Bank St.

Date March 25th 1907

Place of Burial Mt. Carmel Cem

Date March 26 1907

Undertaker HENRY SARDER & SONS.

Address S. E. Cor. Broadway & Balto Sts. and 1703-1715 Caton Avenue

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

77

99590

Registered No. B .....

City of Baltimore, (No. 1112 N. Stricker St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edmond Reed

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colrd

DATE OF BIRTH: March 28 (Month) (Day) 1879 (Year)

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Reed

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Parker

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Reed

(Address) 1112 N. Stricker

Filed 3/26 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 9 1907 to March 24 1907 that I last saw h— alive on March 24 1907, and that death occurred, on the date stated above, at 8 a M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(DURATION) 15 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) Geneva Smith M. D.

1907 (Address) 594 Pennsylvania

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: March 27 1907

UNDERTAKER: Upton M. Cross

ADDRESS: [illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99591

CERTIFICATE OF DEATH.

Registered No. B 99591

City of Baltimore, (No. 4 W. Lexington St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Ashley Smith,

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White,

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single,

BIRTHPLACE (State or country) Baltimore,

FULL NAME OF FATHER William H. Smith,

BIRTHPLACE OF FATHER (State or country) Baltimore,

MAIDEN NAME OF MOTHER Henrietta Smith,

BIRTHPLACE OF MOTHER (State or country) Baltimore,

OCCUPATION OF DECEASED Nurse,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Smith

(Address) 4 W. Lexington

Filed 3/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 22d 1907 to March 25th 1907

that I last saw her alive on March 24 1907,

and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

Two months (DURATION) 4 DAYS

Contributory Exhaustion

(DURATION) 7 DAYS

(Signed) James W. Mulloy M. D.

March 27 1907 (Address) 130 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL ..... 190 .....
UNDERTAKER	ADDRESS ✓

WM. J. C. DULANY CO., BALTIMORE

Ward 7 K 99592 Registered No. B 99592 ✓

CERTIFICATE OF DEATH.

13

(Place of Death.) No. 1438 Riverside ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta V. Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1438 Riverside ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 30, 1864

AGE: 42 years, 9 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: J S Bonner.

BIRTHPLACE OF FATHER (State or country): Bulls md

MAIDEN NAME OF MOTHER: Margaret Walker

BIRTHPLACE OF MOTHER (State or country): Bulls Md.

OCCUPATION OF DECEASED: Housekeeper ~~Ellsworth D Johnson~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellsworth Winsor

(Address) 1438 Riverside ave

Filed 3/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 23 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 23 1907

that I last saw her alive on Mar 22 1907 6.30

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 22 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 22 DAYS

(Signed) C. S. Smith M.D.

Address 528 Hanover St

Date March 23 1907

Place of Burial Cedar Hill

Date Mar 26 1907

Undertaker E J Fanning

Address 1460 Battery ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 99593 — Registered No. B 99593 — 111

CERTIFICATE OF DEATH.

(Place of Death.) No. 555 Oxford — St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jerome L. Temple

{Residence, if in Baltimore, Give Street and Number.} 555 Oxford St

Duration of Residence in Baltimore Balt. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: Sept. 30th 1906

AGE: ..... years, 5 months, 25 days

SINGLE, MARRIED, WIDOWED OR DIVORCED:

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: James Baily

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Clemy Temple

BIRTHPLACE OF MOTHER (State or country): No. C.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clemy Temple

Address 526 Oxford st

Filed 3/26 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 25th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

from Birth (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Lilian Baldwin M.D.

Address 700 Log. av. Corner

Date Mar. 25th 1907

Place of Burial Laurel Cemetery.

Date March 28th 1907

Undertaker Felix Pyle

Address 112 E Mulberry st

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 22

99504

Registered No. B 99504

151

CERTIFICATE OF DEATH.

Place of Death.) No. 921 S Charle St

St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary J. Coady

{ Residence, if in Baltimore, Give Street and Number. } 921 S Charles St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 11th 1907

AGE: ..... years, ... months, 10 weeks days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Coady.

BIRTHPLACE OF FATHER (State or country): Philadelphia

MAIDEN NAME OF MOTHER: Mary A. Pruet

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Thos Coady

Address: 921 S. Charles St.

Filed 3/26 1907

HARRY C. ANDR[illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11th 1907 to March 26th 1907

that I last saw her alive on March 24th 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth & congenital Debility

(DURATION) 11 weeks DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S. Charles St

Date March 26th 1907

Place of Burial Holy Cross

Date March 27th 1907

Undertaker E Harle

Address 1105 West. St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 99595 Registered No. B 99595

CERTIFICATE OF DEATH.

Place of Death.) No. Foot of Steddiers Wharf St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Chesapeake Pier

Full Name Adolph Nibbinhoff

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant

Address

Filed 5/26 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Time of Death 3:30 P.M. May 25 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 .....

that I last saw h ... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) James Ludlow Cramer M.D.

Address 3204 Huntingdon St.

Date ..... 190 .....

Place of Burial PUBLIC CEMETERY

Date May 26 1907

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

104

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 9954 Registered No. B 9954

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W Cook.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH .....

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/26 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

Disinterred & buried at Laurel April 3. 1907

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to March 25 1907 that I last saw h.. alive on March 25 1907, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R R Voss M.D.

Address Bay View Hospital

Date March 25th 1907

Place of Burial JOHNS HOPKINS HOSPITAL MAR 26 1907

Date 190

Undertaker William H Woodin

Address 1810 Aisquith St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

10b

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99596

City of Baltimore, (No. 1015 Sterrett St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna L. Frei

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan. 26 (Month) (Day) 1851 (Year)

AGE: 56 years, 2 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Rossbach

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna B. Mueller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rudolf Frei

(Address) 1015 Sterrett st.

Filed 3/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 19th 1907 to March 26th 1907 that I last saw h er alive on March 26 1907, and that death occurred, on the date stated above, at 10.20 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 8 DAYS

Contributory Prostration

(DURATION) 2 DAYS

(Signed) Chas L. Buddenbohn M. D.

March 26 1907 (Address) 418 S. Reed st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem.

DATE OF BURIAL: Mar. 28 1907

UNDERTAKER: Ph. J. Dill & Son

ADDRESS: 746 Columbia

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

V

want to move to 1015 Sterrett st.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

99508 Registered No. B 99508

80 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ?.

{Residence, if in Baltimore, Give Street and Number.} ?.

Duration of Residence in Baltimore. ?. (at present)

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	B
DATE OF BIRTH	1
AGE	36 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	?.
BIRTHPLACE (State or country)	?.
FULL NAME OF FATHER	?.
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/26 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 10 1907

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at 10.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris
(Sudden)

.... (DURATION) .... DAYS

Contributory (Primary.) ....

.... (DURATION) .... DAYS

(Signed) Jno. G. Clements M.D.

Address Coroners Office

Date Mar 23 07 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 25 1907 190 ✓

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

101

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 99599 — Registered No. B 99599

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Leon

{Residence, if in Baltimore, Give Street and Number.} 1009 Front St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: Col.

DATE OF BIRTH: ..... 1.....

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/26/07 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23- 1907

I HEREBY CERTIFY, That I attended deceased from Mch. 11 1907 to Mch. 23 1907 that I last saw h.. alive on Mch. 23 1907 and that death occurred, on the date stated above, at 6.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema
Heart disease

..... (DURATION) ..... DAYS

Contributory (Primary) Nephritis

..... (DURATION) ..... DAYS

(Signed) C.G. Dossy M.D.

Address City Hospital

Date March 23rd 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 24 1907 190..

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURP(

105 Mar. 27/07 Interred Potters Field ch Laurel Ben by Robt Elliott

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 99600 Registered No. B 99600

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Wilson

{Residence, if in Baltimore, Give Street and Number.} 220 Cross Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR Col.

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/16 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23- 1907

I HEREBY CERTIFY, That I attended deceased from Mch 21 1907 to Mch 23 1907

that I last saw him alive on Mch 23 1907 7.30

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) C. G. Dorsey M.D.

Address City Hospital

Date March 24- 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 25 1907 1907

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 99601 — Registered No. B 99601

CERTIFICATE OF DEATH.

56

(Place of Death.) No. 711 N. Lexington St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Martha Perley

{Residence, if in Baltimore, Give Street and Number.} 711 W Lexington St

Duration of Residence in Baltimore. 2 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR black

DATE OF BIRTH 1852

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Borden

(Address) 711 N Lexington St

Filed 3/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from in Answer 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Abortulum

(DURATION) DAYS

Contributory (Primary.)

acute Gastro Enteritis (DURATION) 7 DAYS

(Signed) Patrick J Martin M.D.

Address 1009 W Lafayette ave

Date March 26 1907.

Place of Burial Lynchburg Va

Date Mar 26 1907

Undertaker Jacob A Brenels

Address 1530 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 99602 — Registered No. B 99602

CERTIFICATE OF DEATH.

106 ✓

(Place of Death.) No. 907 Fell St — St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Florence C. McDaniel

{Residence, if in Baltimore, Give Street and Number.} 907 Fell st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: 15 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jas. McDaniel

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Eliza McDaniel

(Address 907 Fell st

Filed 3/26 1907 ✓

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from Mar 22 1907 to Mar 24 1907 that I last saw h SR alive on Mar 24 1907, and that death occurred, on the date stated above, at 9-15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Catarrh and a Complication of Diseases

(DURATION) 3 DAYS

Contributory (Primary.) to Heart

(DURATION) 3 DAYS

(Signed) Jos. W. Bernard M.D.

Address 708 Enoor st

Date March 24th 1907

Place of Burial Oak Lawn Cem ✓

Date Mar 27 1907

Undertaker Wendell, Rifkeleson

Address 330 S Bond st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 93603

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 N Collington Ave (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Walter Jenkins

{Residence, if in Baltimore, Give Street and Number.} 608 N Collington Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 50 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs. Jenkins

(Address 608 N. Collington Ave

Filed 3/26 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1907

I HEREBY CERTIFY, That I attended deceased from March 16 1907 to March 25 1907 that I last saw him alive on March 25 1907, and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. F. Spicknall M.D.

Address 14 N Patterson Pk Ave

Date March 25 1907

Place of Burial Balto Cem

Date Mar 28 1907

Undertaker F Kendall Dopkelman

Address 330 S Rond St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

99604 99604

Ward 3 *Registered No.* **B** .....

CERTIFICATE OF DEATH.

1914

(Place of Death.) *No.* 1024 *Hammon alley* *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Obrien

{ Residence, if in Baltimore, Give Street and Number. } 1024 Hammon alley

Duration of Residence in Baltimore. 2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Obrien

(Address) 1024 Hammon alley

Filed 3/26 1907

V

HARRY ST. ANDRE
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h— alive on ——— 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 E Greene St

Date 190

Place of Burial St Vincents cem

Date Mar 27 1907

Undertaker Wendell Disposal Co

Address 330 S Bond St

WM. J. C. DULANY CO., Baltimore

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 19 — 99605 — Registered No. B 99605

CERTIFICATE OF DEATH.

(Place of Death.) No. 1010 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Bridget Sullivan

{Residence, if in Baltimore, Give Street and Number.} 1010 W. Lombard.

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 10, 1839.

AGE: 67 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Dail Corcoran.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs. M. Clarke.

(Address) 1131 W Lombard

Filed 3/26 1907

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March. 25, 1907.

I HEREBY CERTIFY, That I attended deceased from March 18 1907 to March 25 1907 that I last saw her alive on March 25 1907, and that death occurred, on the date stated above, at 1.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia.

(DURATION) 5 DAYS

Contributory (Primary) Influenza

(DURATION) 2 DAYS

(Signed) M. McNeill M.D.

Address 1315 Hollins St

Date March 25, 1907

Place of Burial Mary Catherine

Date March 27th 1907

Undertaker John J. Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 99607 Registered No. B 99607

CERTIFICATE OF DEATH.

(Place of Death.) ~~No.~~ in Patrol wagon on Hilly St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Chambers

{Residence, if in Baltimore, Give Street and Number.} 714 Harford ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth J. Chambers

(Address) 714 Harford Ave

Filed 3/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1907

I HEREBY CERTIFY, That I attended deceased from ~~Sept 1~~ 190 to death 190

that I last saw h— alive on — 190—;

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) — DAYS

Con'tributory (Primary) Convulsions

(DURATION) DAYS

(Signed) Benj. S. Haynes M.D.

Address 1216 E. Caroline st

Date Mar. 25 1907

Place of Burial Laurel

Date March 27 1907

Undertaker R. H. Ellicott

Address 606 Rogers Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99606 ✓ 96

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 911 N. Howard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maximilian Herzog

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Herzog

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Wenzel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia Herzog

(Address) 911 N Howard St

Filed 3/26 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK

WM. G. ROEBUCK & SON CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March. (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 24 1907 to Mar 25 1907 that I last saw him alive on Mar. 25 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Pneumonia

Lobar (DURATION) 4 DAYS

Contributory Exhaustion

(DURATION) 1 DAY

(Signed) H. Eckart Resch M.D.

Mar. 25 1907 (Address) 826 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL New Cathedral

DATE OF BURIAL 3/27 1907

UNDERTAKER Wm J Schilling

ADDRESS 9 S. Poppleton

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person intending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married, single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99608

City of Baltimore, (No. 1702, Division St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Virginia Dorsey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: July 5 1906 (Month) (Day) (Year)

AGE: — years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Columbia Pa

FULL NAME OF FATHER: Earnest Dorsey

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Hattie Parker

BIRTHPLACE OF MOTHER (State or country): Columbia Pa

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Hattie Parker

Address: 1702 Division St

Filed: 3/27 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 22 1907 to March 26 1907 that I last saw her alive on March 25 1907, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Pneumonia Superinduced by Scarlatina

(DURATION) 10 DAYS

Contributory —

(DURATION) 10 DAYS

(Signed) D. W. Campbell M. D.

March 26 1907 (Address) 1369 N Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: —

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: March 27 1907

UNDERTAKER: James L Wright

ADDRESS: 1314 Auburn St

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 99609 — Registered No. B 99609

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Stanley

{Residence, if in Baltimore, Give Street and Number.} 626 N Bradford

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 50 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Noble Emmolds

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER May J Cosey

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 626 N Bradford St

Filed 3/27 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 25 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 5:40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease (Sudden)

... (DURATION) ... DAYS

Contributory (Primary.)

... (DURATION) ... DAYS

(Signed) Fred P Cullen M.D.

Address Coroners Road

Date Mar 25 07 190

Place of Burial Asbury

Date March 28 1907

Undertaker R J Ellicott

Address 526 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 99610 Registered No. B 99610

CERTIFICATE OF DEATH.

(Place of Death.) No. 3256 Barclay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Lee Butler.

{Residence, if in Baltimore, Give Street and Number.} 3256 Barclay St.

Duration of Residence in Baltimore. Fifteen years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH —— 1

AGE 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) St. Mary's Co

FULL NAME OF FATHER Robert Lee Butler

BIRTHPLACE OF FATHER (State or country) St Mary's Co Md

MAIDEN NAME OF MOTHER Lucy Lee Accles Butler

BIRTHPLACE OF MOTHER (State or country) St Mary's Co Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mrs Katie Bibbs

(Address) 3256 Barclay St

Filed 3/27 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1907

I HEREBY CERTIFY, That I attended deceased from March 18 1907 to March 25 1907.

that I last saw h[illegible] alive on Mch 25 1907

and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Robt. G. Schnell M.D.

Address 424 East 23 St

Date March 25, 1907

Place of Burial Laurel

Date March 27 1907

Undertaker S.W. Rogers & Co

Address N. Y. & Elliott

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. B 9961 1

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmer E. Wallace

{Residence, if in Baltimore, Give Street and Number.} 807 N Front St.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR Col.

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Wallace

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Adeline Millen

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bro Sister

Address 807 N Front St

Filed 3/27 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March. 26 1907

I HEREBY CERTIFY, That I attended deceased from Feb 27 1907 to Mch 26 1907

that I last saw h[illegible] alive on Mch 26 1907

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

(DURATION) DAYS

Contributory (Primary) Heart Disease

(DURATION) DAYS

(Signed) Wm A Dorsey M.D.

Address City Hospital

Date March. 26 1907

Place of Burial Laurel

Date March 28 1907

Undertaker H. T. Ellicott

Address 502 Regent Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 Registered No. B 9962

CERTIFICATE OF DEATH.

(Place of Death.) No. 602 McCeedsey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Lurton

{Residence, if in Baltimore, Give Street and Number.} 602 McCeedsey Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Buck Md

FULL NAME OF FATHER Silas Lurton

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Maria Walter

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Walter

(Address) 602 Hillsmere Ave.

Filed 3/27 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 25 1907

I HEREBY CERTIFY, That I attended deceased from ...190... to ...190...

that I last saw h... alive on ...190...

and that death occurred, on the date stated above, at 8.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Cr Inst Nephritis

Sudden

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred K Cummins M.D.

Address Coroner Md

Date Mar 25 - 07 190...

Place of Burial Laurel

Date March 27 1907

Undertaker R A Elliott

Address 508 Royer Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 99613 — Registered No. B 99613

CERTIFICATE OF DEATH.

Place of Death.) No. 607 Sterling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Robert E. Jones

{ Residence, if in Baltimore, Give Street and Number. } 607 Sterling St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — — 1

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Isaac Jones

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Clara A Smith

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Clara Jones

Address 607 Sterling St

Filed 3/27 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 24 — 1907

I HEREBY CERTIFY, That I attended deceased from Feb 18 — 1907 to Mar 24 1907 that I last saw him alive on Mar 23 1907, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or immediate.)

Asthenia

about 3 wks (DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonal (DURATION) 4 Mo DAYS

(Signed) W. Harris M.D.

Address 1344 Druid Hill Ave

Date March 24 — 1907

Place of Burial Laurel

Date March 27 — 1907

Undertaker R A Elliott

Address 606 Rayner Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore

Ward ..... Registered No. B [redacted]

CERTIFICATE OF DEATH.

Place of Death.) No. 1623 E Madison st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Priscilla Spry Fischer

{ Residence, if in Baltimore, Give Street and Number. } No 1623 E Madison st

Duration of Residence in Baltimore. Lifetime B99614

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: dont Know 1

AGE: 66 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: dont Know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: House keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth A Booth

(Address) 1623 E Madison st

Filed 3/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from March 16 1907 to March 26 1907 that I last saw her alive on 25 March 1907, and that death occurred, on the date stated above, at 3.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute indigestion

About two hours (DURATION) DAYS

Contributory (Primary.) a Grippe

Cold (DURATION) 11 DAYS

(Signed) Emily C Peterson M.D.

Address 1053 N Broadway

Date March 26 1907

Place of Burial Baltimore Cemetery

Date March 28th 1907

Undertaker George Schilling + Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99615

City of Baltimore, (No. 715, Pulaski (North) St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Francis Lee Dofflemyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan (Month) 1 (Day) 1905 (Year)

AGE: 2 years, 2 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Penn

FULL NAME OF FATHER: Robt E. L. Dofflemyer

BIRTHPLACE OF FATHER (State or country): U S

MAIDEN NAME OF MOTHER: Mary Louisa Broglie

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert L. E. Dofflemyer

(Address) 715 N Pulaski St

Filed 3/27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch (Month) 26th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 25th 1907 to Mch 26th 1907

that I last saw him alive on Mch 26th 1907,

and that death occurred, on the date stated above, at 8 45 A. M. The CAUSE OF DEATH was as follows:

Acute indigestion with Convulsions

about 2 hrs (DURATION) ____ DAYS

Contributory ____ (DURATION) ____ DAYS

(Signed) Seaman S. Evans M. D.

Mch 26 1907 (Address) 833 N Fulton ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: March 27 1907

UNDERTAKER: C. W. Dill ADDRESS: 810 Fredk. ave:

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 2821 Remington Ave St.; 12 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B 9961[illegible]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Jones Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: M (Month) 1 (Day) 1 Year

AGE: 1 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William H Jones

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Alice Page

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Jones

(Address) 2821 Remington Ave

Filed 3/27/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to March 26 1907 that I last saw h[illegible] alive on March 26 1907, and that death occurred, on the date stated above, at 12 noon M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 2 DAYS

Contributory Dyspnoea

(DURATION) 1/2 DAYS

(Signed) G B Marden M. D.

March 26 1907 (Address) 2910 Huntingdon

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: March 27th 1907

UNDERTAKER: Eli B Pye

ADDRESS: 616 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 99617 — Registered No. B 99617

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Anderson

{Residence, if in Baltimore, Give Street and Number.} 1827 Druid Hill Ave.

Duration of Residence in Baltimore. 18 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: .....

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Ezra Anderson.

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Scott Minter.

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Informant: Lamar Hollyday, Supt.

Address: BAY VIEW ASYLUM

Filed 5/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 25 1907

I HEREBY CERTIFY, That I attended deceased from Feb 2 1907 to March 25 1907

that I last saw h[illegible] alive on March 25 1907, at 6.15 P.M. and that death occurred, on the date stated above, at ..... P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Tuberculosis

(DURATION) DAYS

(Signed) R R Vonf M.D.

Address Bay View Hospl.

Date March 25 1907

Place of Burial Mt. Auburn Cemetery

Date March 27th 1907

Undertaker Felix Kline.

Address 102 E Baltimore St.

BY SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 — 99618 — Registered No. B 99618

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Willie Dickson

{Residence, if in Baltimore, Give Street and Number.} 1710 Norton St

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR Black

DATE OF BIRTH 1870

AGE 37 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Ma

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Michael Thomas

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grant Dickson

(Address) 1710 Norton st.

Filed 3/27 1907 — HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 25 1907

I HEREBY CERTIFY, That I attended deceased from Mar 25 1907 to Mar 25 1907

that I last saw h[illegible] alive on Mar 25 1907

and that death occurred, on the date stated above, at 9 M.

CAUSE OF DEATH (Secondary or Immediate.)

Eclampsia

Puerperal convulsions

DURATION DAYS

Contributory (Primary.) Eclampsia

(DURATION) DAYS

(Signed) W. G. Lack M.D.

Address Md. Gen. Hosp.

Date Mar 25 1907

Place of Burial Cambridge Cemetery

Date March 27th 1907.

Undertaker Felix Pleva.

Address 1126 Madison st.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — Registered No. B 99619

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 N. Chester St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anetta Brown

{Residence, if in Baltimore, Give Street and Number.} 1407 N. Chester St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR White

DATE OF BIRTH June 9th 1904

AGE 2 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Martin A. Brown

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Cecelia Butt

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin A Brown

(Address) 1407 N Chester St.

Filed 3/27 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 26 1907

I HEREBY CERTIFY, That I attended deceased from about Mch 19 1907 to Mch 26 1907

that I last saw her alive on Mch 25 1907,

and that death occurred, on the date stated above, at about 11 P.M.

I. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary) Grippe

(DURATION) DAYS

Signed W. S. Riley M.D.

Address 1639 Druid Hill Ave

Date Mch 26 1907

Place of Burial Mount Olivet March 27th 1907

Date Holy Redeemer Cemetery

Undertaker Henry Hauck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 99620

Registered No. B 99620

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Dolan

{Residence, if in Baltimore, Give Street and Number.} 36 E Hamburg St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 24 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Dolan

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Mary Dolan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John F. Pryler

Address Md Penitentiary

Filed 3/27 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from Feb 6 1907 to March 26 1907 that I last saw h[illegible] alive on March 26 1907, and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Abscess of Lung

One month (DURATION) DAYS

Contributory (Primary) Pneumonia

2 Weeks (DURATION) DAYS

(Signed) Thurdon Cook M.D.

Address 1818 N. Charles St

Date March 26 1907

Place of Burial St Peters Cem

Date March 28 1907

Undertaker Wm Cook & Co

Address 502 E Monument St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 1317

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Carey

{Residence, if in Baltimore, Give Street and Number.} 1041 Cathedral St

Duration of Residence in Baltimore. 55yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 1

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thomas Carey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Smith

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Thomas Carey

(Address) 1041 Cathedral St

Filed 3/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 25 1907

I HEREBY CERTIFY, That I attended deceased from Mar 13 1907 to Mar 25 1907 that I last saw h[er] alive on Mar 25 1907, and that death occurred, on the date stated above, at 8.45 P.M. CAUSE OF DEATH (Secondary or Immediate) Multilocular ovarian cyst. (Operation)

(DURATION) 9 DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Bernard Wass M.D.

Address St Josephs Hosp.

Date Mar 25 1907

Place of Burial Holy Cross

Date March 28. 1907

Undertaker Wm Cahill

Address 502 E Fayette St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99622

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99622

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1557 Friendsbury Place St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nelson Christ.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 24 (Day) 1907 (Year)

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): 1557 Friendsbury Place

FULL NAME OF FATHER: Charles H Christ

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Daisy R Spedden

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H. Christ

(Address) 1557 Friendsbury Place

Filed 3/27 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to 26 March 1907 that I last saw h.. m alive on 25 March 1907, and that death occurred, on the date stated above, at .....m. The CAUSE OF DEATH was as follows:

Heart Incompetency

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. Thomas Nelson M. D.

March 30 1907 (Address) 1300

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: March 27 1907

UNDERTAKER: Wm Cook

ADDRESS: 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 09623

City of Baltimore, (No. 1126 Proctor St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Lusby

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: Nov. (Month) 17 (Day) 1906 (Year)

AGE: X years, 4 months, 8 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: James Lusby

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie E Sullivan

BIRTHPLACE OF MOTHER (State or country): America

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Lusby

(Address) 1124 Proctor St.

Filed 5/27 1907 PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 23 1907 to March 26 1907 that I last saw h[illegible] alive on Mar 26 1907, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 6 DAYS

Contributory Exhaustion

(DURATION) unc DAYS

(Signed) James M Fenton M. D.

Mar 26 1907 (Address) 704 E Chase St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: June 28 1907

UNDERTAKER: Woodlawn

ADDRESS: 502 E. Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 99624 — Registered No. B 99624

CERTIFICATE OF DEATH.

(Place of Death.) No. 2607 E. Fayette St — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name. Henry Mullikin

{Residence, if in Baltimore, Give Street and Number.} 2607 E. Fayette St

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: March 1 1822

AGE: 85 years, ... months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan A Mullikin

(Address) 2607 E. Fayette St

Filed 3/27/1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26 1907

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to March 26 1907 that I last saw him alive on 1st March 1907, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Bright's Disease

1 (DURATION) DAYS

(Signed) Howard C Silver M.D.

Address 1914 Bolton

Date March 26 1907

Place of Burial Isaac Lodge Mt Calvert Co. Md

Date March 27 1907

Undertaker Chas E. Frazer

Address 746 N. Eutaw St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 99625 *Registered No. B* 99625

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 2116 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances C Dunn

{ Residence, if in Baltimore, Give Street and Number. } 2116 E Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH May 29 1897

AGE 7 years, 9 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Richard A Dunn

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Louisa M. Bales

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard A. Dunn

(Address) 2116 E. Lombard St.

Filed 3/27 1907

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 25 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Mar 25 1907 that I last saw h[illegible] alive on Mar 25 1907, and that death occurred, on the date stated above, at 6 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Cummins M.D.

Address 2224 E Baltimore St

Date Mar 26 1907

Place of Burial Cathedral Cemetery

Date March 27th 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 99625 — Registered No. B 99626

CERTIFICATE OF DEATH.

Place of Death.) No. 803 W Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Olive Hollands

{ Residence, if in Baltimore, Give Street and Number. } 803 W Franklin St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH May 14th 1877

AGE 29 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edward Holland

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Sarah Pritchett

BIRTHPLACE OF MOTHER (State or country) Salisbury Md

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Edward Holland

Address 803 W Franklin

Filed 3/27 190 7 HARRY O'ANDREW PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from Jany 2 1907 to March 25 1907 that I last saw him alive on March 25 1907, and that death occurred, on the date stated above, at 4 a m. CAUSE OF DEATH (Secondary or Immediate)

Consumption

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J C Morton M.D.

Address 1638 N Gilmor

Date March 26 1907

Place of Burial Mt. auburn Cem

Date March 27 1907

Undertaker John H. Toadvine

Address 742 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 9963 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 432 N. Conway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Lizzie Thomas

{ Residence, if in Baltimore, Give Street and Number. } 411 W. Barre St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: March 24 1907	
AGE: about 2 hours (years, months, days)	
SINGLE, MARRIED, WIDOWED, OR DIVORCED:	
BIRTHPLACE (State or country): 432 N. Conway St	
FULL NAME OF FATHER: none given	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER: Lizzie Thomas	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Lizzie Thomas

(Address) 411 N. Barre St.

Filed 3/27 1907 MARY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 - 1907

I HEREBY CERTIFY, That I attended deceased from March 24 1907 to March 24 1907

that I last saw him alive on March 24 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Delivery

(DURATION) DAYS

Contributory (Primary.)

Absence (DURATION) DAYS

(Signed) C. L. Nuckols, M.D.

Address 527 S. Paca St.

Date March 24th 1907.

Place of Burial Mt. Auburn Cem.

Date March 27 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 99628 *Registered No. B* 99628 ✓ 10

CERTIFICATE OF DEATH.

Place of Death.) *No.* 1223 Columbia Ave *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A. Wilson

{Residence, if in Baltimore, Give Street and Number.} 1223 Columbia Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 1827
AGE	79 years, 8 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Daniel Kuhn
BIRTHPLACE OF FATHER (State or country)	" " "
MAIDEN NAME OF MOTHER	" " "
BIRTHPLACE OF MOTHER (State or country)	" " "
OCCUPATION OF DECEASED	Brick-layer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt S. Wilson

(Address) 1223 Columbia

Filed 3/27 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 25 1907

I HEREBY CERTIFY, That I attended deceased from Mar 15 1907 to Mar 25 1907 that I last saw him alive on Mar 25 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Grippe

(DURATION) 10 DAYS

(Signed) Henry Boyd M.D.

Address 602 Columbia Ave

Date Mar 26 1907

Place of Burial Mt Olivet

Date Mar 28 1907

Undertaker Jas B Cook

Address 1103 Aisquith St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

99629 Registered No. B 99629

27 V

CERTIFICATE OF DEATH.

Place of Death.) No. 1108 Patuxent St. Lutkezynski St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Katarzyna Lutkezynska

{ Residence, if in Baltimore, Give Street and Number. } 1108 Patuxent St.

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Austria.

FULL NAME OF FATHER Zazik. Grezons.

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Katarzyna Jezurewska.

BIRTHPLACE OF MOTHER (State or country) Austrea.

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant 1108 Patuxent St

Address Stephan Lutkezynski

Filed 3/27 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to March 15 1907 that I last saw h[er] alive on March 15 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia.

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 9 months DAYS

Signed) J. C. Josephson M.D.

Address 236 S. Bond St

Date March 26 1907

Place of Burial St Stanislaus

Date Thursday March 28 1907

Undertaker M F. Sadowski.

Address 703 N. Ann St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 99630 — Registered No. B 99630

66 ✓

CERTIFICATE OF DEATH.

Place of Death.) No. 618 S Bond St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Zintak

{Residence, if in Baltimore, Give Street and Number.} 618 S Bond St

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: ... 1...

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: John Zintak.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Annie Zintak.

(Address) 618 S. Bond St

Filed 3/27 1907 — HENRY O. ANDREWS, PENALTY CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 26 1907

I HEREBY CERTIFY, That I attended deceased from Mar 20 1907 to Mar 26 1907 that I last saw him alive on Mar 25 1907, and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paraplegia

(DURATION) 5 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 1 DAYS

(Signed) J. K. O Lades M.D.

Address 612 Jackson Place

Date March 27 " 1907

Place of Burial St Stanislaus.

Date March 28 " 1907

Undertaker M F. Sadowski.

Address 705 S. Conn St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — Registered No. B 99632

CERTIFICATE OF DEATH.

(Place of Death.) No. 2412 Int Vernon Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Lillian C. Smith

{Residence, if in Baltimore, Give Street and Number.} 2412 Int Vernon Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 7 1906

AGE 1 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John Smith

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Mary Garety

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John Smith

Address 2412 Int Vernon Ave (Father)

Filed 3/27 1907 HENRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from March 19 1907 to March 26 1907

that I last saw h[er] alive on March 26 1907

and that death occurred, on the date stated above, at 12.15 A. M. CAUSE OF DEATH (Secondary or Immediate

1 Bronchio Pneumonia

(DURATION) 5 DAYS

Con tributory (Primary) Teething indigestion

(DURATION) DAYS

(Signed) L. A. Richardson M.D.

Address 112 W. 35th St.

Date March 26 1907

Place of Burial St Mary's Hampden

Date Mar 27 1907

Undertaker Wm. E. Chenoweth & Son

Address 719 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 99631 — Registered No. B 99631

CERTIFICATE OF DEATH.

Place of Death.) No. 106 – 3rd av Woodbury St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo D. Burke

{Residence, if in Baltimore, Give Street and Number.} 106 – 3rd ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 9 1900

AGE: 6 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Francis Burke

BIRTHPLACE OF FATHER (State or country): Baltimore Co Md

MAIDEN NAME OF MOTHER: Amanda S. Porter

BIRTHPLACE OF MOTHER (State or country): Howard Co. Md

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. M Burke

(Address) 106 – 3rd ave

Filed 3/27 1907

CITY OF ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26th 1907

I HEREBY CERTIFY, That I attended deceased from March 19 1907 to March 26 1907

that I last saw h alive on March 26 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 8 DAYS

Con ributory (Primary)

(DURATION) 8 DAYS

(Signed) D H Smith M.D.

Address 206 – 3rd Ave

Date March 26th 1907

Place of Burial St Marys Hampden

Date March 28 1907

Undertaker H. E Brenowith & Son

Address 919 3rd ave Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 0 — 99633 — Registered No. B 99633

CERTIFICATE OF DEATH.

(Place of Death.) No. 221 S. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dunkins

{Residence, if in Baltimore, Give Street and Number.} 221 S. Bethel st.

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1874

AGE 33 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Dont Know

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Dont Know

OCCUPATION OF DECEASED washing & ironing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jales

(Address) 15 Herring Court

Filed 3/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 25th 190 to Mch 25th 190 7 that I last saw her alive on the 23rd 190 7, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary.) Phthisis Pulmonalis (DURATION) 6 mths DAYS

(Signed) J. L. Dinner M.D.

Address 1735 Bank st.

Date March 27th 1907

Place of Burial Asbury Cem

Date March 27th 1907

Undertaker Wm G Jackson

Address 1924 Hollins St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 99634 — Registered No. B 99634

CERTIFICATE OF DEATH.

(Place of Death.) No. 785 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name George Edward Polk

{Residence, if in Baltimore, Give Street and Number.} 785 W. Mulberry St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: 12th July 1906

AGE: — years, 8 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John W. Polk

BIRTHPLACE OF FATHER (State or country): L. A. C. Md.

MAIDEN NAME OF MOTHER: Katie Thomas

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John W. Polk

Address 785 W. Mulberry St.

Filed 3/27 1907 HARRY C. ANDREWS, PERMIT CLERK: Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26th 1907.

I HEREBY CERTIFY, That I attended deceased from Mch 23 1907 to Mch 26th 1907, that I last saw him alive on Mch 26 1907, and that death occurred, on the date stated above, at 11.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (DURATION) 5 DAYS

Contributory (Primary) Cap Malaria Bronchitis (DURATION) 10 DAYS

(Signed) Edward McKaskey M.D.

Address 1339 N. North Ave.

Date Balto Mch 27th 1907.

Place of Burial Mt Auburn Cem

Date March 28 1907

Undertaker Alex Hemsley

Address 57 S. W. Biddle

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. B 99685

99685

CERTIFICATE OF DEATH. 104

(Place of Death.) No. 1702 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carl Carrington

{Residence, if in Baltimore, Give Street and Number.} 1702 Division St

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Nov. 2nd 1902	
AGE: 4 years, 4 mon'ts, 24 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Chas. Carrington	
BIRTHPLACE OF FATHER (State or country): D. C.	
MAIDEN NAME OF MOTHER: Josephine Evans	
BIRTHPLACE OF MOTHER (State or country): D. C.	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Josephine Carrington

Address: 661 Bradley St.

Filed 3/27 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 26th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 .....

that I last saw h... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Con ulsions (Primary) acute indigestion (DURATION) DAYS

(Signed) Chas Bachmann M.D.

Address 700 Lafayette Ave. (Corner)

Date Mar. 27th 1907

Place of Burial Mt Auburn

Date 3/29 1907

Undertaker Chas Heuisler

Address 57 & W Biddle St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 99686 — Registered No. B 99686

CERTIFICATE OF DEATH.

(Place of Death.) No. 515 S. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Kolgowski

{ Residence, if in Baltimore, Give Street and Number. } # 515 S. Regester St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: April 7 1906

AGE: ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Frank Kolgowski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Michalina Frankowska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Kolgowski

(Address) 515 S. Regester St

Filed 3/27 1907 HARRY T. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26th 1907

I HEREBY CERTIFY, That I attended deceased from March 20 1907 to March 26 1907 that I last saw him alive on March 26 1907, and that death occurred, on the date stated above, at 4½ A. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis

(DURATION) 6 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anne St

Date March 26th 1907

Place of Burial Holy Rosary.

Date March 28th 1907

Undertaker J. C. Schirlis Sr.

Address 1735 Alice Anna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

Registered No. B 9963 9963 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Peter A Harnick

{Residence, if in Baltimore, Give Street and Number.} 427 East Preston Stret

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John A Harnick

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary L Billmeyer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Gardner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 427 E. Preston St

Filed 3/27 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to March 25 1907

that I last saw h~~im~~ alive on March 25 1907

and that death occurred, on the date stated above, at 6.40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Lobar Pneumonia

(DURATION) ..... DAYS

Con'tributory (Primary.) Mitral Insufficiency

(DURATION) ..... DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date March 26 1907

Place of Burial London Park

Date March 28 1907

Undertaker H. C. Middefeld

Address 914 Greenmit. Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

99635

Registered No. B 99635 1 C

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert McCann

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W.

DATE OF BIRTH: 1825

AGE: 82 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Daniel McCann

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Kean

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Sr Dorothy Mary

Address Preston & Valley

Filed 3/27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw him alive on March 18 1907, and that death occurred, on the date stated above, at 8.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute bronchitis

(DURATION) 10 DAYS

Contributory (Primary.) Obstruction

(DURATION) DAYS

(Signed) F. A. Varner M.D.

Address 1133 Valley St

Date March 26 1907

Place of Burial Cathedral

Date Mar 27 1907

Undertaker H. C. Winkelfeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 99689 — *Registered No. B* 99639 2

CERTIFICATE OF DEATH.

Place of Death.) *No.* St. Luke's Hospital. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roger T. Edmonds

{ Residence, if in Baltimore, Give Street and Number. } Hagerstown Md

Duration of Residence in Baltimore. 14 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 2" 1874

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jacob R. Edmonds

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Etta R. Hill

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs. Roger T. Edmonds

(Address): Hagerstown Md.

Filed 3/27 1907

REGY. OF ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 27th 1907

I HEREBY CERTIFY, That I attended deceased from March 16th 1907 to March 27 1907 that I last saw him alive on March 26 1907, and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (~~Secondary or~~ Immediate) General Exhaustion from Intestinal Tuberculosis

(DURATION) over 2 yrs.

Contributory (Primary) Intestinal Tuberculosis

(DURATION) DAYS

(Signed) E. J. Cole M.D.

Address 1534 Mt. Royal Ave

Date March 27th 1907

Place of Burial Hagerstown Md.

Date March 27th 1907

Undertaker E. Madison Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 99640 Registered No. B ..... 99640 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Tolson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: .....

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): .....

FULL NAME OF FATHER: .....

BIRTHPLACE OF FATHER (State or country): .....

MAIDEN NAME OF MOTHER: .....

BIRTHPLACE OF MOTHER (State or country): .....

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/27/07 190.....

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 27 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1907 to March 27 1907 that I last saw h.. alive on March 27 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis, congestion

Chronic Diffused

Nephritis, Cirlanic

Sclerosis (DURATION) DAYS

(Contributory (Primary)) Hypostatic

Pneumonia (DURATION) DAYS

(Signed) R R Vonnd M.D.

Address Bay View Asylum.

Date March 27 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 2[illegible] 1907

Undertaker William H Woodus

Address [illegible] Aiken St.

FOR ANATOMICAL PURPOSES

106

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 99641 Registered No. B 99641 ✓

CERTIFICATE OF DEATH.

120

Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Dorsey

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH:

AGE: 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Lamar Hollyday, Supt.

Address: BAY VIEW ASYLUM

Filed 5/27/07 1907 HARRY D. WORKMAN, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to March 26 1907 that I last saw h[illegible] alive on March 26 1907, and that death occurred, on the date stated above, at 10:15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Cystitis
Chronic diffused Nephritis Senility

(DURATION) DAYS

Contributory (Primary) Cerebro-Arteriosclerosis (DURATION) DAYS

Signed R R Dorsey M.D.

Address Bay View Asylum

Date March 26 1907

JOHNS HOPKINS HOSPITAL

Place of Burial

Date MAR 27 1907 1907

Undertaker William H Woodin

Address 1811 Aisquith

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2-1

HEALTH DEPARTMENT, City of Baltimore.

Ward .

99642 Registered No. B 99642

CERTIFICATE OF DEATH.

Place of Death. No. 931 Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Reed

{Residence, if in Baltimore, Give Street and Number.} 931 Chesapeake St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 15th 1907

AGE: ..... years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Reed

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary E. Hinard

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John Reed

Address 931 Chesapeake St

Filed 3/27 1907 MARY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1907

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to March 26 1907 that I last saw h-e alive on March 26 1907, and that death occurred, on the date stated above, at 9.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis neonatorum

..... (DURATION) DAYS

Contributory (Primary) non closure of foramen ovale (DURATION) life DAYS

Signed) J.F.M.V. surgeon M.D.

Address Canton & Dallas St.

Date March 27 1907

Place of Burial Lodge Ward Methodist Prot. Cem. Co.

Date March 28th 1907

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

99643

Registered No. B 99643

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Nordwick

{Residence, if in Baltimore, Give Street and Number.} U.S. Marine Hospital

Duration of Residence in Baltimore. 116 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant L.S. Williams

Address U.S. Marine Hospital

Filed 3/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from December 1 1906 to March 26 1907 that I last saw him alive on March 26 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) L.S. Williams M.D.

Address U.S. Marine Hospital

Date March 27 1907

Place of Burial 1st Evangelical Lem

Date March 28th 1907

Undertaker H. Sander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward W 99644 Registered No. B 99644

CERTIFICATE OF DEATH.

(Place of Death.) No. 774 W. Saratoga St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Raymond H. Brown

{Residence, if in Baltimore, Give Street and Number.} 774 W. Saratoga st

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH Jan 8th 1903

AGE 4 years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John H. Brown

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Elizt Hartel

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Brown

(Address) 774 W. Saratoga

Filed 3/27/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 26th 1907

I HEREBY CERTIFY, That I attended deceased from March 19 1907 to March 25 1907 that I last saw him alive on March 25 1907, and that death occurred, on the date stated above, at 2.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Measles

Capillary Bronchitis

3 days (DURATION) DAYS

Contributory (Primary) Measles

6 days (DURATION) DAYS

(Signed) John A Evans M.D.

Address 101 N. Carey St

Date 3-26-1907 190

Place of Burial Loudon Park

Date Mar 28-07 190

Undertaker Gus Weber

Address 115 S. N. Carey st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 99645 Registered No. B 99645

CERTIFICATE OF DEATH.

(Place of Death.) No. 1530 Montrose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Watts

{Residence, if in Baltimore, Give Street and Number.} 1530 Montrose

Duration of Residence in Baltimore., Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH March 22nd 1907

AGE ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER James Watts

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Frances Jones

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs L Sant.

(Address) 1530 Montrose St

Filed March 27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from March 26 1907 to March 26 1907

that I last saw h alive on March 26 1907,

and that death occurred, on the date stated above, at 7 a m. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth
8 mo. a. Lg

(DURATION) DAYS

Contributory (Primary.) Malformation accidental full

(DURATION) DAYS

(Signed) Frederick Jones M.D.
Coroners Asst

Address

Date March 26 1907

Place of Burial Laurel Md

Date March 27 1907

Undertaker Alfred J Freeland

Address 106 N. Schroder St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

99646

City of Baltimore, (No. 1201 Curley St.; 1 Ward) Registered No. B 99646

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman Urlaks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov (Month) 3. (Day) 1863 (Year)

AGE: 43 years, 4 months, 24 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Herman Urlaks

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Urlaks

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Engineer & Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Urlaks (wife)

(Address) 920 E Curley St

Died 3/27 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 25, 1907 to March 26 1907 that I last saw him alive on March 25, 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

Contributory ——— (DURATION) 10 DAYS

(Signed) D. L. Reichard M. D.

3-27-1907 (Address) 410 S Carlton St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Leonard Hart

DATE OF BURIAL: March 28 1907

UNDERTAKER: Wendel Dyffenbach

ADDRESS: 330 S Paca St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, occupation (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward .....

Registered No. B 99647.

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawson Rice

{ Residence, if in Baltimore. Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: .....

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Oscar Holyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/28 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 26 1907 that I last saw h alive on March 26 1907, and that death occurred, on the date stated above, at 11.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

Chronic diffuse Nephritis (DURATION) DAYS

Contributory (Primary) Chronic Interstitial Nephritis (DURATION) DAYS

(Signed) R R Vinnie M.D.

Address Bay View Hospl.

Date ..... 190....

Place of Burial Asbury Cemetery

Date March 28th 1907

Undertaker Theodore Weise

Address 1702 Gough St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

99648

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

Registered No. B 99648 1664

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Banka

{ Residence, if in Baltimore, Give Street and Number. } 1823 E. Lombard st.

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Zussman Bank

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bessie Klain

BIRTHPLACE OF MOTHER (State or country) Bessie Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Feathers

(Address) 1823 E Lombard st

Filed 3/28/07

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from Comm 190 to Com 190

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 3 DAYS

Contributory (Primary.) Accidental

fall down stairs (DURATION) DAYS

(Signed) Benj. B. Stephens M.D.

Coroner

Address 216 N. Carolina st

Date March 27 1907

Place of Burial Lebrun Washington Rd

Date Mar 28 1907

Undertaker Max Levinson

Address 1620 N. Eldersley st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

99649 *Registered No.* **B** 99649

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1104 W Lombard St. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C Vogts.

{ Residence, if in Baltimore, Give Street and Number. } 1104 W. Lombard St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: ..... *years,* 11 *months,* ..... *days*

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Brito

FULL NAME OF FATHER: Frederick Vogts

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Katie Heller

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) John L Fields

(Address) 1200 W. Lombard st.

Filed 3/28 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to March 27 1907 that I last saw h-er alive on March 26 1907, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Measles

(DURATION) 14 DAYS

(Signed) M A Neill M.D.

Address 1315 Hollins St

Date March 27 1907

Place of Burial ~~Bolton Cemetery~~ Rodgers Station Md

Date Mar 27th 1907

Undertaker John L Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

99650 Registered No. B 99650 ✓

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1127 Columbia Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George L. Hackmann

{Residence, if in Baltimore, Give Street and Number.} 1127 Columbia Ave

Duration of Residence in Baltimore. 8 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Jan 10th 1899

AGE: 8 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry H. Hackmann

BIRTHPLACE OF FATHER (State or country): Balt

MAIDEN NAME OF MOTHER: Mary A Knudsen

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant): Gus Knell

Address: 917 Columbia Ave

Filed 3/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from Mch 26 1907 to Mch 26 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 9.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

accidentally Struck by Car 1209 on R R Co Columbia Ave Causing Fractures Skull left leg Multiple Bruises & Contusions of Body

(Duration) Instantaneous

Contributory (Primary)

(Duration) DAYS

(Signed) Frank Jones M.D.

Coroner 2nd

Address

Date March 26th 1907

Place of Burial Cathedral Cemetery

Date March 29th 1907

Undertaker A. Knell & Son

Address 917 Columbia Ave

Inquest —

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 99651 — Registered No. B 99651

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Place of Death.) No. 1524 W. Fayette St.

Full Name Eva Anna Maria Gillespie

{ Residence, if in Baltimore, Give Street and Number. } 1524 W. Fayette St

Duration of Residence in Baltimore. 54 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 9th 1806

AGE: 80 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Missouri

FULL NAME OF FATHER: Basil H. Warfield

BIRTHPLACE OF FATHER (State or country): Missouri

MAIDEN NAME OF MOTHER: Elizabeth Keiman

BIRTHPLACE OF MOTHER (State or country): Missouri

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Chas J Gillespie

Address: 1524 W. Fayette St

Filed 3/28 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 27 1907

I HEREBY CERTIFY, That I attended deceased ~~from~~ for Several years to March 27 1907

that I last saw h~~er~~ alive on March 27 1907,

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Several years (DURATION) ~~DAYS~~

Contributory (Primary.) Fractured hip

Occurred about 2 months ago (DURATION) ~~DAYS~~

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date March 27 1907

Place of Burial Western Cemetery

Date Mar 29th 1907

Undertaker Geo J Smith Co

Address 1600 W. Fayette st

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

112

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99652

City of Baltimore, (No. 428 E. north av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Kate Bailey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: — (Month) 1 (Day) — Year)

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New Castle, Del.

FULL NAME OF FATHER: Robert Bailey

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Siffle

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie H. Niles

(Address) 428 E. North ave

Filed 3/28 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 21 1906 to Mch 27 1907

that I last saw her alive on Mch 27 1907,

and that death occurred, on the date stated above, at 5— P. M. The CAUSE OF DEATH was as follows:

Cirrhosis of Liver

(DURATION) DAYS

Contributory Anaemia and Exhaustion

(DURATION) DAYS

(Signed) Robert W. Mifflin M. D.

Mch 27 1907 (Address) 1076 Mad. ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Mar 30 1907

UNDERTAKER: Geo J Smith & Co — ADDRESS: 1 W. Fayette

WM. J. C. DULANY CO., BALTIMORE

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

99653 Registered No. B 99653

CERTIFICATE OF DEATH.

(Place of Death.) No. 527 - W. Hoffman St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Burns

{Residence, if in Baltimore, Give Street and Number.} 527 - W. Hoffman St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored

DATE OF BIRTH 1

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) St Mary's Co Md

FULL NAME OF FATHER William Williams

BIRTHPLACE OF FATHER (State or country) St Mary's Co Md

MAIDEN NAME OF MOTHER Kitty Williams

BIRTHPLACE OF MOTHER (State or country) St Mary's Co Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Hawkins

(Address) 527 W. Hoffman St

Filed 3/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1907

I HEREBY CERTIFY, That I attended deceased from Mch. 22 1907 to Mch 26 1907

that I last saw h[illegible] alive on Mch 26 1907

and that death occurred, on the date stated above, at 5:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Robt G Churchill M.D.

Address 424 East 23 St

Date Mch. 27 1907.

Place of Burial Laurel cemetery

Date March 29 1907

Undertaker John H. Owens & Son

Address 1222 Union st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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99654

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 99654

City of Baltimore, (No. 2501, Barclay St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Almyta Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: March. 27th 1907 (Month) (Day) (Year)

AGE: 3 hours. (Years) (Months) (Days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: S. A. Miller

BIRTHPLACE OF FATHER (State or country): York. Pa.

MAIDEN NAME OF MOTHER: Ada. M. Cooper

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Harrison F. Cooper

Address: 2425 St. Paul St.

Filed 3/28 190 7 HARRY C. ANDREW, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March. 27th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March. 27 1907 to March 27th 1907 that I last saw h-r alive on March. 27th 1907, and that death occurred, on the date stated above, at 8:10 a. m. The CAUSE OF DEATH was as follows:

Premature birth
Period of Utero-Gestation
about 7 months

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Harrison F. Cooper M. D.

190 (Address) 2425 St Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Man [illegible]

DATE OF BURIAL: Mar 28 190 7

UNDERTAKER: D S Marshall

ADDRESS: 3539 Eutaw Road

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — 99655 — Registered No. B 99655 1/2 106

CERTIFICATE OF DEATH.

Place of Death.) No. 1226 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James F. Fowler

{Residence, if in Baltimore, Give Street and Number.} 1226 Hollins St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 3rd 1843

AGE 64 years, — months, 23 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~ Widowed

BIRTHPLACE (State or country) Calvert Co

FULL NAME OF FATHER Geo. W. Fowler

BIRTHPLACE OF FATHER (State or country) Calvert Co

MAIDEN NAME OF MOTHER County Ann Kenshaw

BIRTHPLACE OF MOTHER (State or country) Calvert Co

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant [illegible]

Address 1226 Hollins St

Filed 3/28 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from Jany 20 1907 to March 25 1907 that I last saw h in alive on March 25 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) DAYS

Contributory (Primary.) Inflammation of the bowels (DURATION) 10 DAYS

(Signed) J. C. Morland M.D.

Address 638 N. Gilmor St.

Date March 27th 1907

Place of Burial Loudon Park.

Date March 28 19075 1907

Undertaker Geo.W.Little,

Address 531 N-Fremont Ave.

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 Registered No. B 99657

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 882 N Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary R Bokman

{Residence, if in Baltimore, Give Street and Number.} 882 N Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Wht

DATE OF BIRTH Unknown 1

AGE 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank T Bokman

(Address) 882 N Fayette St

Filed 3/28 190

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 26 1907

that I last saw h-- alive on March 26 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Central Hemorrhage

(DURATION) 26 DAYS

Con'ributory (Primary.) Asthenia

(DURATION) 14 DAYS

(Signed) V D Norwood M.D.

Address 939 N Fayette St

Date March 27 1907

Place of Burial St Peters Cem't

Date March 30 1907

Undertaker John S Cowan

Address 1901 H Ollin St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 99656 Registered No. B 99656 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1034 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard H. Smith

{Residence, if in Baltimore, Give Street and Number.} 1034 Leadenhall

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 30 1876

AGE: 30 years, 2 months, 27 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Augustus Smith

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Mary E. Harneydell

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Switch Repairer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont

Filed 3/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 27" 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 22 1907 to Mar 27 1907

that I last saw him alive on Mar 27 1907

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm Hamilton M.D.

Address 1228 N. Charles St

Date Mar. 27" 1907

Place of Burial Londonpark

Date March 31 1907

Undertaker Geo W Little

Address 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

Ward 14 99658 Registered No. B 99658 v

99658 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 944 S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Rebecca Houck

{Residence, if in Baltimore, Give Street and Number.} Above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 52 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Rebecca Taylor

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josh Houck

(Address) 944 S Calhoun St

Filed 3/28/07

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to Mch 26 1907 that I last saw h[illegible] alive on Mch 26 1907, and that death occurred, on the date stated above, at 12.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage in the brain - Apoplexy

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) J. D. Lightner M.D.

Address 211 W. Lanvale

Date Mch 26th 1907

Place of Burial Western Cemetery

Date March 30th 1907

Undertaker John F. Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CI

Ward 5 99659 Registered No. B 99659

CERTIFICATE OF DEATH.

(Place of Death.) No. 102 D Exeter St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mitta Dnowitz

{Residence, if in Baltimore, Give Street and Number.} 102 D Exeter 3162 Front

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1

AGE — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Hyman Dnowitz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Carter

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Dnowitz

Address 102 D Exeter st

Filed 3/28 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 28 1907

I HEREBY CERTIFY, That I attended deceased from Mch 26 1907 to Mch 28 1907 that I last saw h.r alive on Mch 27 1907, and that death occurred, on the date stated above, at 8 m. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis Tuberculosis

1 Wk (DURATION) DAYS

Contributory (Primary.) Broncho-pneumonia

2 Wk (DURATION) DAYS

(Signed) C. F. Blake M.D.

Address 1523 E Balto St

Date Mch 28 1907

Place of Burial Philips Rd Roas Dale

Date Mar 28, 1907

Undertaker Maf Leninger

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — Registered No. B 99660 — 99660

CERTIFICATE OF DEATH.

(Place of Death.) No. 4 W Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ethel Smith

{Residence, if in Baltimore, Give Street and Number.} 4 W Conway St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR Col

DATE OF BIRTH 1

AGE 1 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Harry Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Martha Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Smith

Address 4 W Conway St

Filed 3/28 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to ——— 190—

that I last saw her alive on March 25 1907,

and that death occurred, on the date stated above, at 7.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

a Bronchopneumonia

(DURATION) 14 DAYS

Contributory (Primary) Carcin Jaile

(DURATION) 1 DAYS

(Signed) E. S. Ellis M.D.

Address 915 Light St

March 26 1907

Place of Burial Mt Auburn Cemetery

Date March 28 1907

Undertaker Jos H Hooper

Address 609 E Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 99661 Registered No. B 99661

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel McKinney

{Residence, if in Baltimore, Give Street and Number.} 608 Henry St

Duration of Residence in Baltimore. All life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH December 24th 1859

AGE 47 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Saml. D. McKinney

BIRTHPLACE OF FATHER (State or country) Bermuda.

MAIDEN NAME OF MOTHER Agnes McMahon

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest D. McKinney

(Address) 1826 Eutaw Pl.

Filed 3/28 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1907

I HEREBY CERTIFY, That I attended deceased from March 21 1907 to March 25 1907

that I last saw him alive on March 25 1907,

and that death occurred, on the date stated above, at 4:15 P. M.

CAUSE OF DEATH (Secondary or Immediate) Cardiac failure

(DURATION) DAYS

Contributory (Primary) Aortic regurgitation, Cardiac dilatation (DURATION) DAYS

(Signed) W. W. Ower M.D.

Address University Hospital

Date March 25 1907

Place of Burial Cathedral

Date March 28 1907

Undertaker Edward A Byrne

Address 902 N Gay St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

99662 Registered No. B 99662 ✓

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 579 W Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Washington

{Residence, if in Baltimore, Give Street and Number.} 579 W. Hoffman St

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1847

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Toney Blue

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Caroline Redman

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Caroline Mitchell

Address 579 W. Hoffman St

Filed 3/28 1907

HENRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 27 1907 that I last saw h[illegible] alive on March 27 1907, and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Liver

Blood Poison

(DURATION) 26 DAYS

Contributory (Primary) to Blood —

6 months (DURATION) — DAYS

(Signed) Dr. W. Redmond M.D.

Address 708 Druid St

Date March 28 1907

Place of Burial Charlestown, W. Va. Jefferson Co

Date March 1907

Undertaker Felix B. Pfeltz

Address 102 E. Biddle St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 99663 — Registered No. B 99663

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Ursula Dudley

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 28 1900

AGE: 6 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): —

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed 3/28/07 190

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 26 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 1 190 to Mar 26 190

that I last saw h alive on Mar 25 190,

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis (Probably Luetic)

(DURATION) 25 DAYS

Contributory (Primary.)

(DURATION) DAYS

Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date March 27 1907

Place of Burial New Cathedral Cemetery

Date March 28 1907

Undertaker Felix B. Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

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B99664

to

B99666

are

missing

CITY HALL

BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

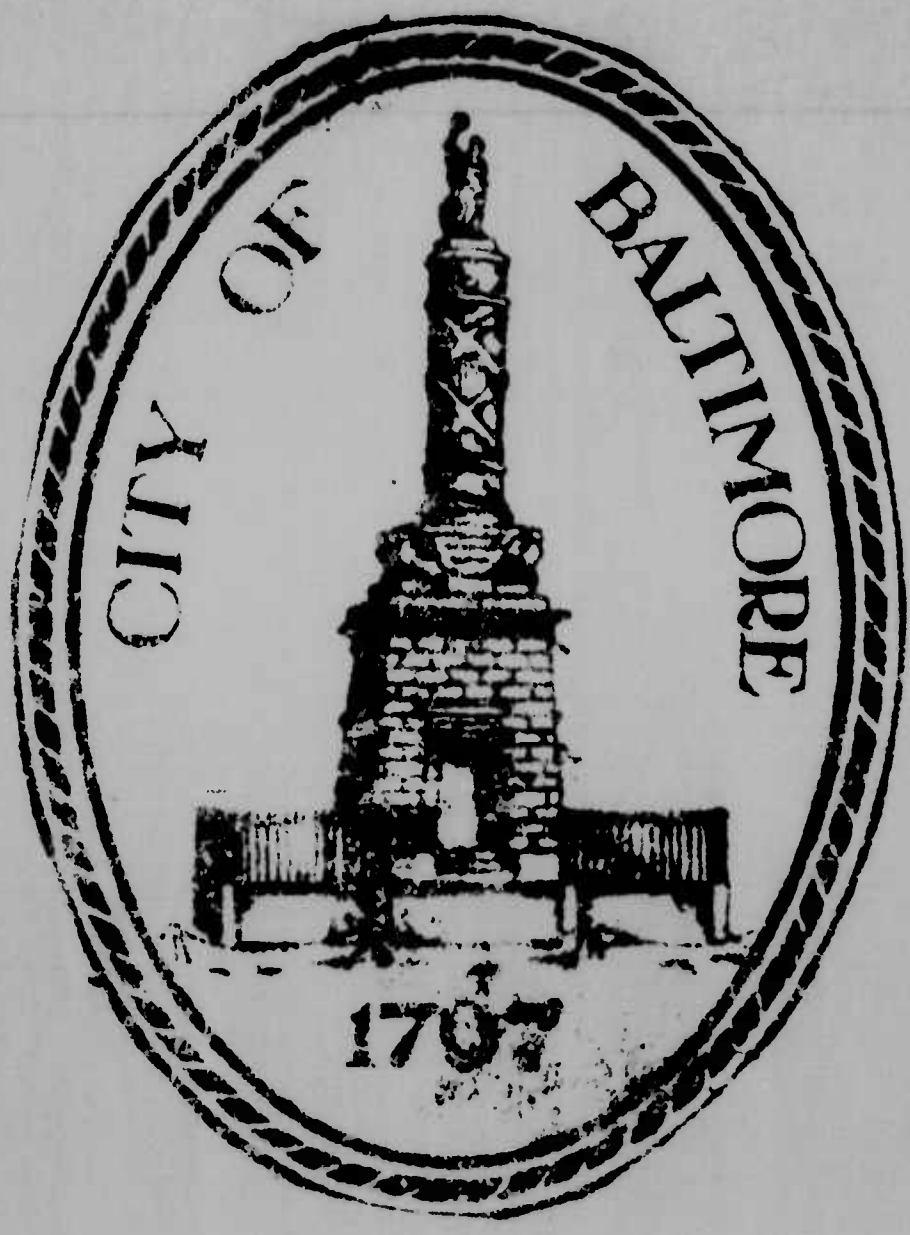
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 7th DAY OF 1967 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH B-96806-1-1967 AND ENDING WITH B-99666-missing ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: _____



END OF REEL